

**SMITHCO. ENGINEERING GROUP, INC.**

Engineering • Environmental • Development • Construction Services

**ASBESTOS COMPLIANCE DOCUMENTATION  
FROM 1976-1996  
PYNE POYNT MIDDLE SCHOOL**

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**PREPARED FOR:**

Camden City Board of Education  
Administrative Building  
201 N. Front Street, 6<sup>th</sup> Floor  
Camden, New Jersey 08102  
ATTN.: Mr. Steve Nicolella, C.E.F.M.

**PREPARED BY:**

**THE SMITHCO. ENGINEERING GROUP, INC.**

562 Benson Street  
Camden, New Jersey 08103  
856.365.9111 Fax 856.365.9333  
[www.smithcogroup.com](http://www.smithcogroup.com)

**Date:** June 25, 2010



*From Report*

## **NOTICE TO CONTRACTORS**

### **THIS BUILDING CONTAINS ASBESTOS MATERIAL**

This is to advise that there is asbestos containing building material in this building. The type of asbestos material and the location is indicated on the attached sheet. State and Federal regulations prohibit the disturbance of asbestos except under regulated conditions.

EPA regulation 40 CFR Part 763.84 d requires that short term workers who come into a school building be provided with this information regarding asbestos containing building material.

All contractors are required to sign the attached sheet to indicate that they have read this and are aware that this building contains asbestos material.







BOARD OF EDUCATION

201 NORTH FRONT STREET  
CAMDEN, NEW JERSEY 08102

CARLA A. LETTERIE  
DIRECTOR OF PLANT SERVICES

March 12, 1997

(609) 966-2613  
966-2617  
966-2618  
FAX (609) 966-2125

To: Mr. Ronald Judge, President  
CWA Union  
Sharp School  
32nd & Hayes Avenue  
Camden, New Jersey 08105

Re: Asbestos Hazard Emergency Response Act (AHERA)  
Compliance Notification

Dear Parents and Employees:

In accordance with the Environmental Protection Agency (EPA), we are required to notify parents, teachers, and other employees each year of the availability of the Asbestos Management Plan and the response action we are taking to maintain the asbestos containing materials in our schools.

The original AHERA inspection of our buildings took place in the 1988-89 school year. At that time the condition of the asbestos was assessed. Since then appropriate response actions have been taken to ensure that the asbestos is kept in good condition.

Periodic surveillances of each building have occurred since the original inspection. Additionally, in July of 1992 and 1995 a Three-Year Reinspection was completed in all buildings containing asbestos. Copies of these reports are on file in the main office of each school.

Also during 1996, asbestos containing material was removed from the following locations:

Sumner School

Morgan Village Middle School

Bonsall School

Camden Vocational High School

Custodians and maintenance workers have been instructed on the health effects of asbestos and the importance of maintaining this material in good condition during their normal day to day activities.

If you wish to review your school's Asbestos Management Plan, a copy is located in the school office.

Sincerely,

Carl Letterie  
Director of Plant Services



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DIRECTOR OF PLANT SERVICES

March 12, 1997

(609) 966-2613  
966-2617  
966-2618  
FAX (609) 966-2125

To: Ms. Marilyn Torres  
Bilingual District Parent Coordinator  
District Parent Center  
1656 Kaighns Avenue - Wing E  
Camden, New Jersey 08103

Re: Asbestos Hazard Emergency Response Act (AHERA)  
Compliance Notification

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(609) 966-2613  
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To: Mr. Frances Webster  
District Special Needs Parent Coordinator  
District Parent Center  
1656 Kaighns Avenue - Wing E  
Camden, New Jersey 08103

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March 12, 1997

(609) 966-2613  
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To: Ms. Barbara Jackson  
District Parent Advisory Council Coordinator / Secretary  
District Parent Center  
1656 Kaighns Avenue - Wing E  
Camden, New Jersey 08103

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To: Mr. Leonard Higgins, President  
Camden Education Association  
2656 Baird Boulevard  
Camden, New Jersey 08105

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March 12, 1997

(609) 966-2613  
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To: Mr. Malcom Adler, President  
Administrative Council  
Whittier School  
8th & Chestnut  
Camden, New Jersey 08103

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Director of Plant Services



**Board of Education**  
201 N. FRONT STREET, 7th FLOOR  
CAMDEN, NEW JERSEY 08102

**LEON FREEMAN**

SCHOOL BUSINESS ADMINISTRATOR/BOARD SECRETARY

(609) 966-2036  
Fax: (609) 966-2139

February 1996

To: Ms. Sheila Buell  
District Special Needs Parent Coordinator  
District Parent Center  
1656 Kaighns Avenue - Wing E  
Camden, New Jersey 08103

Re: Asbestos Hazard Emergency Response Act (AHERA)  
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Sincerely,

A handwritten signature of Leon Freeman in cursive script, written in dark ink, is positioned above the printed name and title.

Leon Freeman  
Acting Director of Plant Services



**Board of Education**  
201 N. FRONT STREET, 7th FLOOR  
CAMDEN, NEW JERSEY 08102

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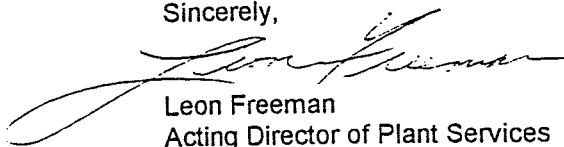
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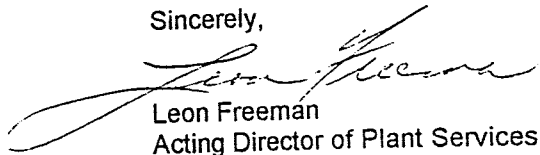
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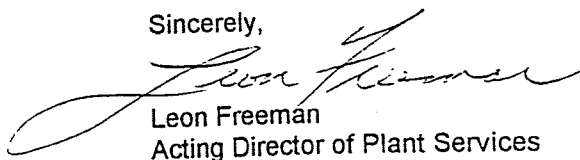
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**LEON FREEMAN**

SCHOOL BUSINESS ADMINISTRATOR/BOARD SECRETARY

(609) 966-2036  
Fax: (609) 966-2139

February 1996

To: Ms. Marilyn Torres  
Bilingual District Parent Coordinator  
District Parent Center  
1656 Kaighns Avenue - Wing E  
Camden, New Jersey 08103

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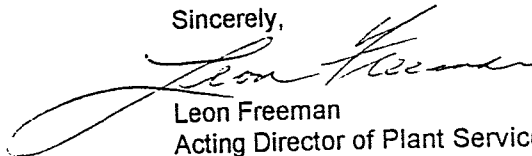
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Sincerely,

A handwritten signature in cursive script, appearing to read "Leon Freeman".

Leon Freeman  
Acting Director of Plant Services



BOARD OF EDUCATION

201 NORTH FRONT STREET  
CAMDEN, NEW JERSEY 08102

DR. JAMES S. BROWN  
DIRECTOR OF PLANT SERVICES

(609) 966-2613  
966-2617  
966-2618

March 1995

To: Mr. Allen Revels, President  
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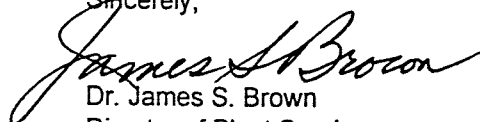
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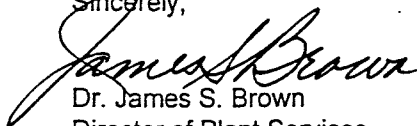
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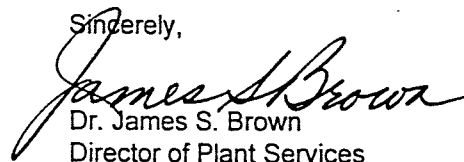
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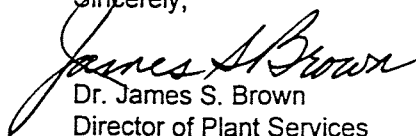
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The original AHERA inspection of our buildings took place in the 1988-89 school year. At that time the condition of the asbestos was assessed. Since then appropriate response actions have been taken to ensure that the asbestos is kept in good condition.

Periodic surveillances of each building have occurred since the original inspection. Additionally, in July of 1992 a Three-Year Reinspection was completed in all buildings containing asbestos. A copy of this report is on file in the main office of each school.

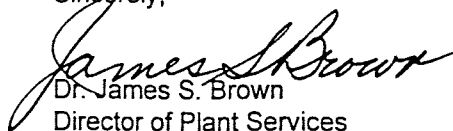
During 1994 asbestos containing material was removed from the following locations:

Coopers Poynt School  
Broadway School  
Veterans Middle School  
Bonsall School

Custodians and maintenance workers have been instructed on the health effects of asbestos and the importance of maintaining this material in good condition during their normal day to day activities.

If you wish to review your school's Asbestos Management Plan, a copy is located in the school office.

Sincerely,

  
Dr. James S. Brown  
Director of Plant Services



BOARD OF EDUCATION  
201 NORTH FRONT STREET  
CAMDEN, NEW JERSEY 08102

DR. JAMES S. BROWN  
DIRECTOR OF PLANT SERVICES

(609) 966-2613  
966-2617  
966-2618

March 1995

To: Ms. Barbara Jackson  
District Parent Advisory Council Coordinator  
District Parent Center  
1656 Kaighns Avenue - Wing E  
Camden, New Jersey 08103

Re: Asbestos Hazard Emergency Response Act (AHERA)  
Compliance Notification

Dear Parents and Employees:

In accordance with the Environmental Protection Agency (EPA), we are required to notify parents, teachers, and other employees each year of the availability of the Asbestos Management Plan and the response action we are taking to maintain the asbestos containing materials in our schools.

The original AHERA inspection of our buildings took place in the 1988-89 school year. At that time the condition of the asbestos was assessed. Since then appropriate response actions have been taken to ensure that the asbestos is kept in good condition.

Periodic surveillances of each building have occurred since the original inspection. Additionally, in July of 1992 a Three-Year Reinspection was completed in all buildings containing asbestos. A copy of this report is on file in the main office of each school.

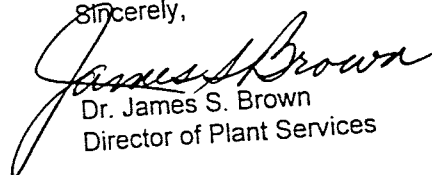
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Coopers Poynt School  
Broadway School  
Veterans Middle School  
Bonsall School

Custodians and maintenance workers have been instructed on the health effects of asbestos and the importance of maintaining this material in good condition during their normal day to day activities.

If you wish to review your school's Asbestos Management Plan, a copy is located in the school office.

Sincerely,

  
Dr. James S. Brown  
Director of Plant Services



BOARD OF EDUCATION  
201 NORTH FRONT STREET  
CAMDEN, NEW JERSEY 08102

DR. JAMES S. BROWN  
DIRECTOR OF PLANT SERVICES

(609) 966-2513  
966-2517  
966-2513

February, 1994

To: Mr. Malcom Adler, President  
Administrative Council  
Whittier School  
8th & Chestnut  
Camden, New Jersey 08103

Re: Asbestos Hazard Emergency Response Act (AHERA)  
Compliance Notification

Dear Parents and Employees:

In accordance with the Environmental Protection Agency (EPA), we are required to notify parents, teachers, and other employees each year of the availability of the Asbestos Management Plan and the response action we are taking to maintain the asbestos containing materials in our schools.

The original AHERA inspection of our buildings took place in the 1988-89 school year. At that time the condition of the asbestos was assessed. Since then appropriate response actions have been taken to ensure that the asbestos is kept in good condition.

Periodic surveillances of each building have occurred since the original inspection. Additionally, in July of 1992 a 3 year re-inspection was completed in all buildings containing asbestos. A copy of this report is on file in the main office of each school.

During 1993 some asbestos containing material was removed from the following locations:

Camden High School	Powell School	Mickle School
Pyne Poynt Middle School	Lanning Square School	Administration Bldg.
Maintenance Warehouse	H B Wilson School	

Custodians and maintenance workers have been instructed on the health effects of asbestos and the importance of maintaining this material in good condition during their normal day to day activities.

If you wish to review your school's Asbestos Management Plan, a copy is located in the school office.

Sincerely,

Dr. James S. Brown  
Director of Plant Services



BOARD OF EDUCATION

201 NORTH FRONT STREET  
CAMDEN, NEW JERSEY 08102

DR. JAMES S. BROWN  
DIRECTOR OF PLANT SERVICES

(609) 966-2513  
966-2517  
966-2518

February, 1994

To: Ms. Barbara Jackson  
District Parent Advisory Council Coordinator  
District Parent Center  
1656 Kaighns Avenue - Wing E  
Camden, New Jersey 08103

Re: Asbestos Hazard Emergency Response Act (AHERA)  
Compliance Notification

Dear Parents and Employees:

In accordance with the Environmental Protection Agency (EPA), we are required to notify parents, teachers, and other employees each year of the availability of the Asbestos Management Plan and the response action we are taking to maintain the asbestos containing materials in our schools.

The original AHERA inspection of our buildings took place in the 1988-89 school year. At that time the condition of the asbestos was assessed. Since then appropriate response actions have been taken to ensure that the asbestos is kept in good condition.

Periodic surveillances of each building have occurred since the original inspection. Additionally, in July of 1992 a 3 year re-inspection was completed in all buildings containing asbestos. A copy of this report is on file in the main office of each school.

During 1993 some asbestos containing material was removed from the following locations:

Camden High School	Powell School	Mickle School
Pyne Poynt Middle School	Lanning Square School	Administration Bldg.
Maintenance Warehouse	H B Wilson School	

Custodians and maintenance workers have been instructed on the health effects of asbestos and the importance of maintaining this material in good condition during their normal day to day activities.

If you wish to review your school's Asbestos Management Plan, a copy is located in the school office.

Sincerely,

Dr. James S. Brown  
Director of Plant Services



BOARD OF EDUCATION

201 NORTH FRONT STREET  
CAMDEN, NEW JERSEY 08102

DR. JAMES S. BROWN  
DIRECTOR OF PLANT SERVICES

(609) 966-2513  
966-2517  
966-2518

February, 1994

To: Mr. Frank Ingram, President  
CWA Union  
Sharp School  
32nd & Hayes Avenue  
Camden, New Jersey 08105

Re: Asbestos Hazard Emergency Response Act (AHERA)  
Compliance Notification

Dear Parents and Employees:

In accordance with the Environmental Protection Agency (EPA), we are required to notify parents, teachers, and other employees each year of the availability of the Asbestos Management Plan and the response action we are taking to maintain the asbestos containing materials in our schools.

The original AHERA inspection of our buildings took place in the 1988-89 school year. At that time the condition of the asbestos was assessed. Since then appropriate response actions have been taken to ensure that the asbestos is kept in good condition.

Periodic surveillances of each building have occurred since the original inspection. Additionally, in July of 1992 a 3 year re-inspection was completed in all buildings containing asbestos. A copy of this report is on file in the main office of each school.

During 1993 some asbestos containing material was removed from the following locations:

Camden High School	Powell School	Mickle School
Pyne Poynt Middle School	Lanning Square School	Administration Bldg.
Maintenance Warehouse	H B Wilson School	

Custodians and maintenance workers have been instructed on the health effects of asbestos and the importance of maintaining this material in good condition during their normal day to day activities.

If you wish to review your school's Asbestos Management Plan, a copy is located in the school office.

Sincerely,

Dr. James S. Brown  
Director of Plant Services



BOARD OF EDUCATION  
201 NORTH FRONT STREET  
CAMDEN, NEW JERSEY 08102

DR. JAMES S. BROWN  
DIRECTOR OF PLANT SERVICES

(609) 966-2513  
966-2517  
966-2518

February, 1994

To: Ms. Marilyn Torres  
Bilingual District Parent Coordinator  
District Parent Center  
1656 Kaighns Avenue - Wing E  
Camden, New Jersey 08103

Re: Asbestos Hazard Emergency Response Act (AHERA)  
Compliance Notification

Dear Parents and Employees:

In accordance with the Environmental Protection Agency (EPA), we are required to notify parents, teachers, and other employees each year of the availability of the Asbestos Management Plan and the response action we are taking to maintain the asbestos containing materials in our schools.

The original AHERA inspection of our buildings took place in the 1988-89 school year. At that time the condition of the asbestos was assessed. Since then appropriate response actions have been taken to ensure that the asbestos is kept in good condition.

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Camden High School	Powell School	Mickie School
Pyne Poynt Middle School	Lanning Square School	Administration Bldg.
Maintenance Warehouse	H B Wilson School	

Custodians and maintenance workers have been instructed on the health effects of asbestos and the importance of maintaining this material in good condition during their normal day to day activities.

If you wish to review your school's Asbestos Management Plan, a copy is located in the school office.

Sincerely,

Dr. James S. Brown  
Director of Plant Services



BOARD OF EDUCATION

201 NORTH FRONT STREET  
CAMDEN, NEW JERSEY 08102

DR. JAMES S. BROWN  
DIRECTOR OF PLANT SERVICES

(609) 966-2613  
966-2617  
966-2618

February, 1994

To: Ms. Sheila Buell  
District Special Needs Parent Coordinator  
District Parent Center  
1656 Kaighns Avenue - Wing E  
Camden, New Jersey 08103

Re: Asbestos Hazard Emergency Response Act (AHERA)  
Compliance Notification

Dear Parents and Employees:

In accordance with the Environmental Protection Agency (EPA), we are required to notify parents, teachers, and other employees each year of the availability of the Asbestos Management Plan and the response action we are taking to maintain the asbestos containing materials in our schools.

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Maintenance Warehouse	H B Wilson School	

Custodians and maintenance workers have been instructed on the health effects of asbestos and the importance of maintaining this material in good condition during their normal day to day activities.

If you wish to review your school's Asbestos Management Plan, a copy is located in the school office.

Sincerely,

Dr. James S. Brown  
Director of Plant Services





PERIODIC SURVEILLANCE REPORT  
RETURN COMPLETED FORM TO ASBESTOS PROGRAM MANAGER

Page 1 of 8

Date December 1989

Document Number

Building Number and Name

ACM Number and Name

24

POYNT ELEMENTARY SCHOOL

Building Location

7TH. AND ERIE STREETS  
CAMDEN, NEW JERSEY 08102

F01

9" X 9" GREEN FLOOR TILE

IF THE STATUS OF THE ACM HAS CHANGED, THEN PHOTOGRAPH THE AREA AND RECORD THE PHOTOGRAPH NUMBER IN THE SPACE PROVIDED. NOTIFY THE ASBESTOS PROGRAM MANAGER CONCERNING THE CHANGE.

Sample Area/ Homogenous	Sample Area/Material Location Description	List Material Cond.			Change		ACM Photo Number	Notes
		T	DC	PD	Yes	No		
F01	Classroom 7	M	NO	PD		X		
F01	Nurses classroom #15	M	NO	PD		X		
F01	Classroom 17 (office)	M	NO	PD		X		
F01	Classroom 18	M	NO	PD		X		
F01	Classroom 19	M	NO	PD		X		
F01	Classroom 23	M	NO	PD		X		
F01	Classroom 26	M	NO	PD		X		
F01	Classroom 30	M	NO	PD		X		

M - Refers to Material Type and Damage Categories  
T - Material Type As:  
S - Surfacing  
M - Miscellaneous  
T - Thermal Systems

DC - Damage Condition  
NO - No Damage  
D - Damage  
SD - Significant Damage

PD - Potential Damage Categories  
NPD - No potential Damage  
PD - Potential Damage  
PSD - Potential Significant Damage

ENVIRONMENTAL TECHNICIAN

Signature of Person Completing Report

Title of Person Completing Report

JUN 89 FRM SV

# PERIODIC SURVEILLANCE REPORT

Page 2 of 8

Date December 1989

Document Number

Building Number and Name

ACM Number and Name

24 POYNT ELEMENTARY SCHOOL

F01	9" X 9" GREEN FLOOR TILE
-----	--------------------------

### Building Location

7TH. AND ERIE STREETS  
CAMDEN, NEW JERSEY 08102

IF THE STATUS OF THE ACM HAS CHANGED, THEN PHOTOGRAPH THE AREA AND RECORD THE PHOTOGRAPH NUMBER IN THE SPACE PROVIDED. NOTIFY THE ASBESTOS PROGRAM MANAGER CONCERNING THE CHANGE.

[illegible]

**M - Refers to Material Type and Damage Categories**

Material Type As:  
S - Surfacing  
M - Miscellaneous  
T - Thermal Systems

DC - Damage Condition  
NO - No Damage  
D - Damage  
SD - Significant Damage

PD - Potential Damage Categories  
 NPD - No potential Damage  
 PD - Potential Damage  
 PSD - Potential Significant Damage

ENVIRONMENTAL TECHNICIAN

**Signature of Person Completing Report**

Title of Person Completing Report

JUN 89 FRM SV

PERIODIC SURVEILLANCE REPORT  
RETURN COMPLETED FORM TO ASBESTOS PROGRAM MANAGER

Page 3 of 8

Date December 1989

Document Number

Building Number and Name

24

POYNT ELEMENTARY SCHOOL

Building Location

7TH. AND ERIE STREETS  
CAMDEN, NEW JERSEY 08102

ACM Number and Name

F05

9" x 9" TAN FLOOR TILE

IF THE STATUS OF THE ACM HAS CHANGED, THEN PHOTOGRAPH THE AREA AND RECORD THE PHOTOGRAPH NUMBER IN THE SPACE PROVIDED. NOTIFY THE ASBESTOS PROGRAM MANAGER CONCERNING THE CHANGE.

Sample Area/ Homogenous	Sample Area/Material Location Description	List Material Cond.			Change		ACM Photo Number	Notes
		T	DC	PD	Yes	No		
F05	Storage room	M	NO	PD		X		
F05	Classroom closet near classroom 9	M	NO	PD		X		
F05	Classroom closet near classroom 21	M	NO	PD		X		

M - Refers to Material Type and Damage Categories  
T - Material Type As:  
S - Surfacing  
M - Miscellaneous  
T - Thermal Systems

DC - Damage Condition  
NO - No Damage  
D - Damage  
SD - Significant Damage

PD - Potential Damage Categories  
NPD - No potential Damage  
PD - Potential Damage  
PSD - Potential Significant Damage

ENVIRONMENTAL TECHNICIAN

Signature of Person Completing Report

Title of Person Completing Report

JUN 89 FRM SV

IF THE STATUS OF THE ACBM HAS CHANGED, THEN PHOTOGRAPH THE AREA AND RECORD THE PHOTOGRAPH NUMBER IN THE SPACE PROVIDED. NOTIFY THE ASBESTOS PROGRAM MANAGER CONCERNING THE CHANGE.

[illegible]

**M - Refers to Material Type and Damage Categories**

**T - Material Type As:**

**S - Surfacing**

M - Miscellaneous

## T - Thermal Systems

DC - Damage Condition

NO - No Damage

NO - No Damage  
D - Damage

SD - Significant Damage

PD - Potential Damage Categories

- Potential Damage Category  
NPD - No potential Damage

APD = No potential Damage  
PD = Potential Damage

PU - Potential Damage  
PSD - Potential Significant Damage

ENVIRONMENTAL TECHNICIAN

**Signature of Person Completing Report**

Title of Person Completing Report

JUN 89 FRM SV

Document Number Building Number and Name

ACM Number and Name

[illegible]

### Building Location

7TH. AND ERIE STREETS  
CAMDEN, NEW JERSEY 08102

IF THE STATUS OF THE ACBM HAS CHANGED, THEN PHOTOGRAPH THE AREA AND RECORD THE PHOTOGRAPH NUMBER IN THE SPACE PROVIDED. NOTIFY THE ASBESTOS PROGRAM MANAGER CONCERNING THE CHANGE.

[illegible]

**M - Refers to Material Type and Damage Categories**

**Material Type As:**  
S - Surfacing  
M - Miscellaneous  
T - Thermal Systems

DC - Damage Condition

Damage Condition  
 NO - No Damage  
 D - Damage  
 SD - Significant Damage

**PD - Potential Damage Categories**

**Potential Damage Categories**  
**NPD - No potential Damage**  
**PD - Potential Damage**  
**PSD - Potential Significant Damage**

ENVIRONMENTAL TECHNICIAN

Signature of Person Completing Report

# Title of Person Completing Report

JUN 89 FRM SV

# PERIODIC SURVEILLANCE REPORT

Document Number

**Building Number and Name**

ACM Number and Name

24	POYNT ELEMENTARY SCHOOL
----	-------------------------

24	PO
----	----

**Building Location**

7TH. AND ERIE STREETS  
CAMDEN, NEW JERSEY 08102

101

## PIPE INSULATION

IF THE STATUS OF THE ACBM HAS CHANGED, THEN PHOTOGRAPH THE AREA AND RECORD THE PHOTOGRAPH NUMBER IN THE SPACE PROVIDED. NOTIFY THE ASBESTOS PROGRAM MANAGER CONCERNING THE CHANGE.

[illegible]

**M - Refers to Material Type and Damage Categories**

**T - Material Type As:**

**S - Surfacing**

M - Miscellaneous

**T - Thermal Systems**

DC - Damage Condition

NO - No Damage

NO - NO Damage  
D - Damage

U - Damage  
SD - Significant Damage

**PD - Potential Damage Categories**

- Potential Damage Category  
NPD - No potential Damage

NPU = No potential Damage  
PD = potential Damage

pb - Potential Damage  
psd - Potential Significant Damage

ENVIRONMENTAL TECHNICIAN

Signature of Person Completing Report

**Title of Person Completing Report**

JUN 89 FRM SV

PERIODIC SURVEILLANCE REPORT  
RETURN COMPLETED FORM TO ASBESTOS PROGRAM MANAGER

Page 7 of 8

Date December 1989

Document Number

Building Number and Name

ACM Number and Name

24 POYNT ELEMENTARY SCHOOL

Building Location

7TH. AND ERIE STREETS  
CAMDEN, NEW JERSEY 08102

P02 PIPE INSULATION

IF THE STATUS OF THE ACBM HAS CHANGED, THEN PHOTOGRAPH THE AREA AND RECORD THE PHOTOGRAPH NUMBER IN THE SPACE PROVIDED. NOTIFY THE ASBESTOS PROGRAM MANAGER CONCERNING THE CHANGE.

Sample Area/ Homogenous	Sample Area/Material Location Description	List Material Cond.		Change		ACM Photo Number	Notes
		T	DC	Yes	No		
P02	1st. floor: corridor	T	NO		X		
P02	1st. floor: storage between rooms 7 & 10	T	NO				no access
P02	1st. floor: storage between rooms 14 & 15	T	NO		X		
P02	Ground floor: storage between room 4 and partial	T	NO		X		
P02	Partial ground floor: room 7	T	NO	X			damaged
P02	Storage beside room 7	T	NO		X		
P02	Ground floor: storage across from room 4	T	NO		X		
P02	Storage beside room 19	T	NO		X		

M - Refers to Material Type and Damage Categories

T - Material Type As:

S - Surfacing

M - Miscellaneous

T - Thermal Systems

DC - Damage Condition

NO - No Damage

D - Damage

SD - Significant Damage

PD - Potential Damage Categories

NPD - No potential Damage

PD - Potential Damage

PSD - Potential Significant Damage

ENVIRONMENTAL TECHNICIAN

Signature of Person Completing Report

Title of Person Completing Report

JUN 89 FRM SV

# PERIODIC SURVEILLANCE REPORT

Building Number and Name

Building Number and Name

Building Number and Name

Date	December	1989
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Date	December	1989
------	----------	------

ACM Number and Name

24 POYNT ELEMENTARY SCHOOL

### Building Location

7TH. AND ERIE STREETS  
CAMDEN, NEW JERSEY 08102

P02	PIPE INSULATION
-----	-----------------

**IF THE STATUS OF THE ACBM HAS CHANGED, THEN PHOTOGRAPH THE AREA AND RECORD THE PHOTOGRAPH NUMBER IN THE SPACE PROVIDED. NOTIFY THE ASBESTOS PROGRAM MANAGER CONCERNING THE CHANGE.**

[illegible]

**MM - Refers to Material Type and Damage Categories**

Material Type As:

**S - Surfacing**

M - Miscellaneous

T - Thermal Systems

DC - Damage Condition

NO - No Damage

**D - Damage**

SD - Significant Damage

**PD - Potential Damage Categories**

NPD - No potential Damage

PD - Potential Damage

PSD - Potential Significant Damage

ENVIRONMENTAL TECHNICIAN

**Signature of Person Completing Report**

Title of Person Completing Report

JUN 89 FRM SV



Page 1 of     

## Periodic Surveillance Report

Camden School District

Date 12/93

Building Name/Number

PYNE POYNT MIDDLE SCHOOL

Building Location

7TH AND ERIE STREETS

ACM Number &amp; Name

PO 1

Pipe Insulation

PO 2  
FO 1, 2, 5, 7, 8Insulation fittings  
Floor tile 9 x 9

ACM#	Sample Area/Material Location Description	List Material Cond.			Changes		Response Actions / Notes
		T	DC	PD	Yes	No	
FO 1	Green floor tile	M	NO	NPD		X	Ground Floor Rms. 9, 10, 15, 17, 18, 19, & Main Office are covered with carpet
FO 1	Green floor tile	M	NO	NPD		X	Ground Floor Hall, Rms. 23, 26, 30 Covered with 12x12 beige floor tile Non-ACM
FO 1	Green floor tile	M	NO	NPD		X	Partial Ground Fl. Rm. 7 Covered with tan 12 x 12 floor tile Non-ACM
FO 5	Tan floor tile	M	NO	NPD		X	See attached list of locations - covered with 12 x 12 floor tile
FO 7	Grey floor tile	M	NO	NPD		X	See attached list of locations - covered with 12 x 12 floor tile
FO 9	Pink/red floor tile	M	NO	NPD		X	See attached list of locations - covered with 12 x 12 floor tile
PO 1&2	Pipe Insulation & fittings	M	NO	NPD			Removed - 93 Crawlspase
FD 1	Fire doors	M	NO	NPD		X	

\*Refers to Material Type and Damage Categories

Material Type As:

Surfacing

Miscellaneous

Thermal System

DC-Damage Condition

N - No Damage

D - Damage

SD - Significant

PD-Potential Damage Categories

NPD - No Potential Damage

PD - Potential Damage

PSD - Potential Significant  
Damage

\*\*Response Action

Repair

Remove

Operation &amp; Maintenance

Encapsulate

Signature of Person Completing Report

Title of Person Completing the Report

HOMOGENEOUS MATERIAL IDENTIFICATION  
New Jersey State Department of Health  
Asbestos Control Unit  
CN 360, Trenton, NJ 08625-0360

F

Building Assessed: Pyne Poynt Middle School

ID: P02 (x) Sampled ( ) Assumed

Description: Pipe Insulation

Locations: Ground floor: storage next to 30 & 37, main office work room, gym storage, auditorium. Partial ground floor: room 7, home ec storage, storage next to room 4. 1st floor: storage across from lavatories and corridor outside storage rooms

Total Footage: 362 Total Damage: \_\_\_\_\_ % of Damage: \_\_\_\_\_

Damage Severity: ( ) Major ( ) Severe ( ) Minor ( ) Occasional

ID: FD1 ( ) Sampled (x) Assumed

Description: Fire Doors

Locations: Boiler Room and Corridors

Total Footage: 866 Total Damage: \_\_\_\_\_ % of Damage: \_\_\_\_\_

Damage Severity: ( ) Major ( ) Severe ( ) Minor ( ) Occasional

ID: \_\_\_\_\_ ( ) Sampled ( ) Assumed

Description: \_\_\_\_\_

Locations: \_\_\_\_\_

Total Footage: \_\_\_\_\_ Total Damage: \_\_\_\_\_ % of Damage: \_\_\_\_\_

Damage Severity: ( ) Major ( ) Severe ( ) Minor ( ) Occasional

ID: \_\_\_\_\_ ( ) Sampled ( ) Assumed

Description: \_\_\_\_\_

Locations: \_\_\_\_\_

Total Footage: \_\_\_\_\_ Total Damage: \_\_\_\_\_ % of Damage: \_\_\_\_\_

Damage Severity: ( ) Major ( ) Severe ( ) Minor ( ) Occasional

ID: \_\_\_\_\_ ( ) Sampled ( ) Assumed

Description: \_\_\_\_\_

Locations: \_\_\_\_\_

Total Footage: \_\_\_\_\_ Total Damage: \_\_\_\_\_ % of Damage: \_\_\_\_\_

Damage Severity: ( ) Major ( ) Severe ( ) Minor ( ) Occasional

HOMOGENEOUS MATERIAL IDENTIFICATION  
New Jersey State Department of Health  
Asbestos Control Unit  
CN 360, Trenton, NJ 08625-0360

F

Building Assessed: Pyne Poynt Middle School

ID: F01 (x)Sampled ( )Assumed

Description: 9 x 9 Green Floor Tile

Locations: Ground floor: Rooms 9, 10, main office (15, 17, 18, 19)  
including hallway, 23, 26, 30.

Partial ground floor: Room 7

Total Footage: 4,735 Total Damage: \_\_\_\_\_ % of Damage: \_\_\_\_\_

Damage Severity: ( )Major ( )Severe ( )Minor ( )Occasional

ID: F05 (x)Sampled ( )Assumed

Description: 9 x 9 Tan Floor Tile

Locations: Ground floor: Main office store room next to work room  
1st floor: Janitors closets at lavatories.

Total Footage: 250 Total Damage: \_\_\_\_\_ % of Damage: \_\_\_\_\_

Damage Severity: ( )Major ( )Severe ( )Minor ( )Occasional

ID: F07 (x)Sampled ( )Assumed

Description: 9 x 9 Grey Floor Tile

Locations: Ground floor: Closet at gym steps (by lav areas),  
custodian closet across from main office,  
room 38.

Total Footage: 1,135 Total Damage: \_\_\_\_\_ % of Damage: \_\_\_\_\_

Damage Severity: ( )Major ( )Severe ( )Minor ( )Occasional

ID: F08 (x)Sampled ( )Assumed

Description: 9 x 9 Pink-Red Floor Tile

Locations: Auditorium, Cafeteria

Total Footage: 11,680 Total Damage: \_\_\_\_\_ % of Damage: \_\_\_\_\_

Damage Severity: ( )Major ( )Severe ( )Minor ( )Occasional

ID: P01 (x)Sampled ( )Assumed

Description: Pipe Insulation

Locations: Crawlspace

Total Footage: 800+ Total Damage: \_\_\_\_\_ % of Damage: \_\_\_\_\_

Damage Severity: ( )Major ( )Severe ( )Minor ( )Occasional

**ASBESTOS NOTIFICATION**

**SIGNATURE SHEET**

<u>Name of Company</u>	<u>Signature</u>	<u>Date</u>

Building Name/Number	PO 1	PIPE INSULATION
----------------------	------	-----------------

Building Location	ACM Number & Name	INSULATION FITTINGS FLOOR TILE 9 X 9
7 TH. AND ERIE STREETS	PO 2 FO 1, FO 2, FO 5, FO 7, FO 8	

Homogeneous ACM#	Sample Area/Material Location Description	List Material Cond.			Changes		Response Actions / Notes
		TYP	DC	PDC	Yes	No	
FO 1	Green Floor Tile	M	ND	NPD		X	Ground Floor Rms. 9, 10, 15, 17, 18, 19 & Main Office are covered with carpet
FO 1	Green Floor Tile	M	ND	NPD		X	Ground Floor Hall, Rms. 23, 26, 30 Covered with 12 x 12 beige floor tile Non-ACM
FO 1	Green Floor Tile	M	ND	NPD		X	Partial Ground Floor Rm. 7 Covered with tan 12 x 12 floor tile Non-ACM
FO 5	Tan Floor Tile	M	ND	NPD		X	see attached list of locations covered with 12 x 12 floor tile
FO 7	Grey Floor Tile	M	ND	NPD		X	see attached list of locations covered with 12 x 12 floor tile
FO 8	Pink/red Floor Tile	M	ND	NPD		X	see attached list of locations covered with 12 x 12 floor tile
FD 1	Fire Doors	M	ND	NPD		X	Note: walked through school & observed all areas couldn't confirm 9x9 under carpet or 12x12 without

\*Refers to Material Type and Damage Categories

T-Material Type As:  
S - Surfacing  
M - Miscellaneous  
T - Thermal System

PD-Potential Damage Categories  
 NPD - No Potential Damage  
 PD - Potential Damage  
 PSD - Potential Significant Damage

**\*\*Response Action**  
Repair  
Remove  
Operation & Maintenance  
Encapsulate

damage occurring.

Alex Ulum  
Signature of Person Completing Report

Title of Person Completing the Report

Building Name/Number

PYNE POYNT MIDDLE SCHOOL

Building Location

7TH. AND ERIE STREETS

Homogeneous ACM#	Sample Material	Location Description	List Material Cond.			Total Amt.	Damaged Amt.	Friable	Response Actions / Notes
			TYP	DC	PDC				
FO 1	9x9 green floor tile	rm 7, 15, 17, 18, 19, 23, 26, 30, 31	M	N	PD	5770 sq. ft	O	N	rm 9, 7, 15, 17, 18, 19 are covered with carpet. Remaining tiles are covered with 12x12 floor tile.
FO 5	9x9 tan floor tile	storage rm, closet near rm 9 & 21	M	N	NPD	360 sq. ft.	O	N	tiles are covered with 12x12 floor tiles
FO 7	9x9 grey floor tile	rm 8, storage closet near rm 7 & 39	M	N	NPD	1955 sq. ft.	O	N	tiles are covered with 12x12 floor tiles
FO 8	9x9 pink/red floor tile	Auditorium & Cafeteria	M	N	NPD	11680 sq. ft.	O	N	tiles are covered with 12x12 floor tiles
FD 1	Fire Doors	Throughout building	M	N	PD		O	N	

\*Refers to Material Type and Damage Categories

I - Material Type As:

S - Surfacing

M - Miscellaneous

T - Thermal System

DC - Damage Condition

N - No Damage

D - Damage

SD - Significant

PD - Potential Damage Categories

NPD - No Potential Damage

PD - Potential Damage

PSD - Potential Significant Damage

\*\*Response Action

Repair

Remove

Operation &amp; Maintenance

Encapsulate

Signature of Person Completing Report

Alex Wilson

Title of Person Completing the Report

Building Name/Number

PYNE POYNT MIDDLE SCHOOL

Building Location

7TH. AND ERIE STREETS

Homogeneous ACM#	Sample Material	Location Description	List Material Cond.			Total Amt. sq.ft	Damaged Amt.	Friable	Response Actions / Notes
			TYP	DC	PDC				
FO 1	9x9 green floor tile	rm 7,15,17,18,19,23,26, 30,31	M	N	PD	5770 sq.ft	O	N	rm 9,7,15,17,18,19 are covered with carpet. Remaining tiles are covered with 12x12 floor tile.
FO 5	9x9 tan floor tile	storage rm, closet near rm 9 & 21	M	N	NPD	360 sq.ft.	O	N	tiles are covered with 12x12 floor tiles
FO 7	9x9 grey floor tile	rm 8, storage closet near rm 7 & 39	M	N	NPD	1955 sq. ft.	O	N	tiles are covered with 12x12 floor tiles
FO 8	9x9 pink/red floor tile	Auditorium & Cafeteria	M	N	NPD	11680 sq.ft.	O	N	tiles are covered with 12x12 floor tiles
FD 1	Fire Doors	Throughout building	M	N	PD		O	N	

\*Refers to Material Type and Damage Categories

I-Material Type As:  
 S - Surfacing  
 M - Miscellaneous  
 T - Thermal System

DC-Damage Condition  
 N - No Damage  
 D - Damage  
 SD - Significant

PD-Potential Damage Categories  
 NPD - No Potential Damage  
 PD - Potential Damage  
 PSD - Potential Significant  
 Damage

\*\*Response Action  
 Repair  
 Remove  
 Operation & Maintenance  
 Encapsulate

Signature of Person Completing Report

Title of Person Completing the Report

Building Name/Number

PYNE POYNT MIDDLE SCHOOL

Building Location

7TH. AND ERIE STREETS

Homogeneous ACM#	Sample Material	Location Description	List Material Cond.		Total Amt.	Damaged Amt.	Friable	Response Actions / Notes
			TYP	DC PDC				
FO 1	9x9 green floor tile	rm 7, 15, 17, 18, 19, 23, 26, 30, 31	M	ND	5770 sq.ft	O	N	rm 9,7,15,17,18,19 are covered with carpet. Remaining tiles are covered with 12x12 floor tile.
FO 5	9x9 tan floor tile	storage rm, closet near rm 9 & 21	M	ND	360 sq.ft.	O	N	tiles are covered with 12x12 floor tiles
FO 7	9x9 grey floor tile	rm 8, storage closet near rm 7 & 39	M	ND	1955 sq. ft.	O	N	tiles are covered with 12x12 floor tiles
FO 8	9x9 pink/red floor tile	Auditorium & Cafeteria	M	ND	11680 sq.ft.	O	N	tiles are covered with 12x12 floor tiles
FD 1	Fire Doors	Throughout building	M	ND		O	N	O&M

\*Refers to Material Type and Damage Categories

I-Material Type As:  
 S - Surfacing  
 M - Miscellaneous  
 T - Thermal System

DC-Damage Condition  
 N - No Damage  
 D - Damage  
 SD - Significant

PD-Potential Damage Categories  
 NPD - No Potential Damage  
 PD - Potential Damage  
 PSD - Potential Significant Damage

\*\*Response Action  
 Repair  
 Remove  
 Operation & Maintenance  
 Encapsulate

*Adet Ullin*  
 Signature of Person Completing Report

Title of Person Completing the Report



Six Month Periodic Surveillance Report  
Camden School District

Date 1/20/95

Building Name/Number

PYNE POYNT MIDDLE SCHOOL

ACM Number &amp; Name

PO 1

PIPE INSULATION

Building Location

7 TH. AND ERIE STREETS

ACM Number &amp; Name

PO 2  
FO 1, FO 2, FO 5, FO 7, FO 8INSULATION FITTINGS  
FLOOR TILE 9 X 9

Homogeneous ACM#	Sample Area/Material Location Description	List Material Cond.			Changes		Response Actions / Notes
		TYP	DC	PDC	Yes	No	
FO 1	Green Floor Tile	M	ND	NPD		X	Ground Floor Rms. 9, 10, 15, 17, 18, 19 & Main Office are covered with carpet
FO 1	Green Floor Tile	M	ND	NPD		X	Ground Floor Hall, Rms. 23, 26, 30 Covered with 12 x 12 beige floor tile Non-ACM
FO 1	Green Floor Tile	M	ND	NPD		X	Partial Ground Floor Rm. 7 Covered with tan 12 x 12 floor tile Non-ACM
FO 5	Tan Floor Tile	M	ND	NPD		X	see attached list of locations covered with 12 x 12 floor tile
FO 7	Grey Floor Tile	M	ND	NPD		X	see attached list of locations covered with 12 x 12 floor tile
FO 8	Pink/red Floor Tile	M	ND	NPD		X	see attached list of locations covered with 12 x 12 floor tile
FD 1	Fire Doors	M	ND	NPD		X	Note: walked through school & observed all areas couldn't confirm 9x9 under carpet or 12x12 without damage occurring.

\*Refers to Material Type and Damage Categories

Material Type As:

- Surfacing
- Miscellaneous
- Thermal System

DC-Damage Condition

- N - No Damage
- P - Damage
- SD - Significant

PD-Potential Damage Categories

- NPD - No Potential Damage
- PD - Potential Damage
- PSD - Potential Significant  
Damage

\*\*Response Action

- Repair
- Remove
- Operation & Maintenance
- Encapsulate

Signature of Person Completing Report

*Carol Allen*

Title of Person Completing the Report



# Three-Year Reinspection Report Camden School District

Building Name/Number

PYNE POYNT MIDDLE SCHOOL

Building Location

7TH. AND ERIE STREETS

Homogeneous ACM#	Sample Material	Location Description	List Material Cond.			Total Amt.	Damaged Amt.	Friable	Response Actions/Notes
			TYP	DC	PDC				
FO 1	9X9 GREEN FLOOR TILE	Rm 7, 15, 17, 18, 19, 23, 26, 30, 31	M	ND	NPD	5770 sq ft	0	N	Rm 9,7,15,17,18,19 are covered with carpet. Remaining tiles are covered with 12 x 12 floor tile.
FO 5	9X9 TAN FLOOR TILE	Storage Rm, Closet near Rm 9 & 21	M	ND	NPD	360 sq ft	0	N	Tiles are covered with 12 x 12 floor tiles.
FO 7	9X9 GREY FLOOR TILE	Rm 8, Storage closet near Rm 7 & 39	M	ND	NPD	1955 sq ft	0	N	Tiles are covered with 12 x 12 floor tiles
FO 8	9X9 PINK/RED FLOOR TILE	Auditorium & Cafeteria	M	ND	NPD	11680 sq ft	0	N	Tiles are covered with 12 x 12 floor tiles.
FD 1	FIRE DOORS	Throughout Building	M	ND	NPD		0	N	O & M

\*Refers to Material Type and Damage Categories

T-Material Type As:

S - Surfacing

M - Miscellaneous

T - Thermal System

DC-Damage Condition

N - No Damage

D - Damage

SD - Significant

PD-Potential Damage Categories

NPD - No Potential Damage

PD - Potential Damage

PSD - Potential Significant Damage

\*\*Response Action

Repair

Remove

Operation &amp; Maintenance

Encapsulate

Building Inspector. #19224

Title of Person Completing Report

Signature of Person Completing Report

THREE YEAR REINSPECTION REPORT  
FOR THE  
PYNE POYNT MIDDLE SCHOOL  
7TH & ERIE STREETS  
CAMDEN, NEW JERSEY

Prepared for: Camden Board of Education  
1800 West Ferry Avenue; 3rd Floor  
Camden, New Jersey 08104  
(609) 962-5800

Prepared by: Testwell Craig Testing Laboratories, Inc.  
5439 East Harding Highway  
Mays Landing, New Jersey 08330  
(609) 625-1700

August 1992  
Lab # 40893



STWELL CRAIG  
TESTING LABORATORIES, INC.

P.O. BOX 477 • 5439 HARDING HIGHWAY, MAYS LANDING, NJ 08330  
PHONE (609) 625-1700 • FAX (609) 625-6325

**Executive Summary  
Pyne Poynt Middle School  
7th & Erie Streets  
Camden, New Jersey**

Testwell Craig Testing Laboratories, Inc. was retained by the Camden Board of Education to perform a three year AHERA reinspection at the above referenced property.

The three year AHERA reinspection was conducted on July 22, 1992 by Jack Cameron. A review of the existing inspection and management plan was accomplished and a visual inspection of all areas identified as ACBM was completed. These areas were reassessed and the reassessments are included in this report.

The inspector noted the following conditions:

Partial Ground Floor: Room 7 - There is water damage to the tiles. Approximately 3 are missing and approximately 10 more are loose. This area needs to be repaired.

Partial Ground Floor: Room 30 - This room has new 12 x 12 blue tile over the asbestos containing tiles.

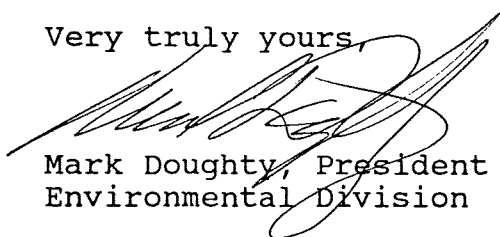
Ground Floor: Auditorium - Two risers of pipe insulation were located inside the wall grate at the rear left corner of the auditorium (corner closest to the main office). This material was assumed, due to its inaccessibility. There is approximately 40 linear feet of material.

All other areas remain in the same condition as the last periodic surveillance.

Once this report has been reviewed please have the designated person complete the asbestos program manager information located on forms A and C included with this report.

We trust the information submitted is sufficient for your use and review. Should you have any questions or comments, please contact us at (800) 258-3787 at your earliest convenience.

Very truly yours,



Mark Doughty, President  
Environmental Division

Cover Sheets - A & C pages

INSPECTION COVER SHEET  
New Jersey State Department of Health  
Asbestos Control Unit  
CN 360, Trenton, NJ 08625-0360

A

Responsible Governing Authority  
Camden Board of Education

Telephone Number  
(609) 962-5800

Address

1800 Ferry Avenue, 3rd Floor; Camden, New Jersey 08104

Name of Facility  
Pyne Poynt Middle School

Telephone Number  
(609) 966-5360

Building Assessed  
Pyne Poynt Middle School

Telephone Number  
(609) 966-5360

Address

7th and Erie Streets, Camden, New Jersey

Asbestos Program Manager

Telephone Number

Address

Original Year of Building Construction  
1957

Type of Heating System  
Hot Water

List Date(s) of Additional Construction

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

Has any part of the heating system, including boiler(s), hot water pipes, water heater, etc., been renovated or replaced? ( ) yes (x) no

List areas affected and year(s):

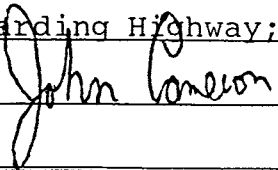
Description/Location: \_\_\_\_\_

Year: \_\_\_\_\_

INSPECTORS/ASSESSORS

Name: John Cameron Affiliation: Testwell Craig Testing Laboratories

Address: 5439 E. Harding Highway; Mays Landing, NJ Phone: 609-625-1700

Signature:  State of Acc/Acc #: \_\_\_\_\_

ASBESTOS MANAGEMENT PLAN - COVER SHEET  
New Jersey State Department of Health  
Asbestos Control Unit  
CN 360, Trenton, NJ 08625-0360

C

Responsible Governing Authority  
Camden Board of Education

Telephone Number  
(609) 962-5800

Address

1800 Ferry Avenue, 3rd Floor; Camden, New Jersey 08104

Name of Facility  
Pyne Poynt Middle School

Telephone Number  
(609) 966-5360

Building Assessed  
Pyne Poynt Middle School

County  
Camden

Address

7th and Erie Streets; Camden, New Jersey

Type of Facility  
Educational Facility

Date of Inspection  
July 22, 1992

Does this building contain (check all that apply)?

(x) Friable ACBM	Total Amount (Square/Linear Feet):
(x) Non-Friable ACBM	Surfacing ACBM
( ) Assumed Friable ACM	Thermal Systems ACBM <u>1,162+ ln</u>
(x) Assumed Non-Friable ACM	Miscellaneous ACM <u>17,800 sq; 866 sq</u>

ASBESTOS PROGRAM MANAGER

Name

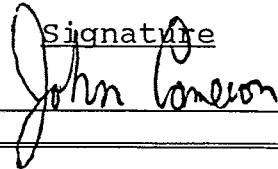
Telephone Number

Address

Training Attended

<u>Course Name</u>	<u>Name &amp; Place of Training</u>	<u>Dates</u>	<u>Hours</u>
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INSPECTOR(S) / ASSESSOR(S)

<u>Name</u>	<u>Acc. State/Number</u>	<u>Affiliation</u>	<u>Signature</u>
Jack Cameron	PA/BI-745	TCTL, Inc.	

MANAGEMENT PLANNER(S)

Name: Theresa Russell Affiliation: Testwell Craig Testing Labs, Inc.

Address: 5439 E. Harding Highway; Mays Landing, NJ Phone: 609-625-1700

Signature:  Acc State/Acc #: PA/BI-529



# Temple University

College of Engineering Philadelphia, PA

This certificate is awarded to

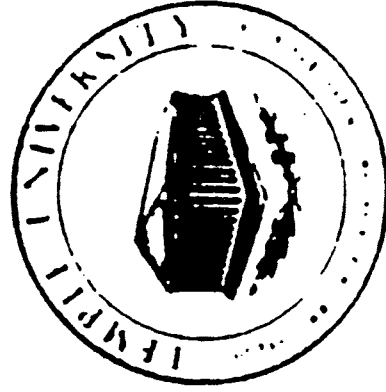
**JOHN CAMERON**

for participation and successfully completing (by examination)  
The Building Inspector Recertification Course

conducted by the

U.S. Environmental Protection Agency, Region III

**Asbestos Abatement Center**



*John A. Senarise*

Asbestos Abatement Center

**BI-745**

Certificate No.

*William B. Egan*

Director, Environmental Studies

**9/1/92**

Exp. Date

**Temple University**

Office of Environmental Health and Safety

This certificate is awarded to

**THERESA RUSSELL**

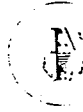
for participation and successfully completing (by examination)

The Management Planners Recertification Course

10/1/91 to 10/1/92

Presented to the Department of Environmental Health and Safety

Asbestos Abatement Center



MP-529

9/1/92

**Functional Space Inspection - B pages**

ROOM/FUNCTIONAL SPACE INSPECTION  
New Jersey State Department of Health  
Asbestos Control Unit  
CN 360, Trenton, NJ 08625-0360

B

Building Assessed Date of Construction  
Pyne Poynt Middle School 1957

Room/Functional Space Material  
Throughout Building ( ) Friable (x) Non-Friable

Type of Material ( ) Surfacing ( ) Thermal (x) Miscellaneous

Square/Linear Footage % of Area Homogeneous ID  
17,800 square feet F01,05,07,08

Damage Assessment

Type of Damage	Yes	No	Amount	Comments
Deterioration	( )	(x)	_____	_____
Delamination	( )	(x)	_____	_____
Water	(x)	( )	10 sq ft	Room 7 partial ground floor
Physical	(x)	( )	_____	Several areas cracked tiles
Other _____	( )	(x)	_____	_____

Extent of Damage Is dust or debris present? Location  
( ) Localized ( ) Yes \_\_\_\_\_  
(x) Distributed (x) No \_\_\_\_\_

Was bulk/surface material obtained? (x) Yes ( ) No  
If surfacing, is dust/debris released when material is brushed by hand  
using moderate pressure? ( ) Yes ( ) No

Accessibility (More than 1 possible) Comments  
( ) 1 ( ) 2 (x) 3 \_\_\_\_\_

Is there a potential for disturbance of this material? (x) Yes ( ) No  
Explain No work can be performed that would cause fibers to be released.

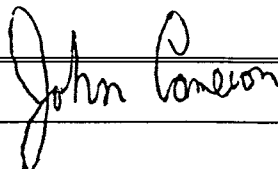
Is this material in an air plenum or exposed to an air stream?  
( ) Yes (x) No Explain \_\_\_\_\_

Degree of Damage

( ) Damaged or ( ) Significantly Damaged Thermal Systems Ins	(x) ACBM w/Potential for Damage
( ) Damaged Friable Surfacing ACM	( ) ACBM w/Potential for Significant Damage
( ) Significantly Damaged Friable Surfacing ACM	( ) Any Remaining Friable ACBM or Friable Suspected ACBM
( ) Damaged or ( ) Significantly Damaged Friable Misc. ACM	

Additional Comments \_\_\_\_\_

Signature of Inspector \_\_\_\_\_



ROOM/FUNCTIONAL SPACE INSPECTION  
New Jersey State Department of Health  
Asbestos Control Unit  
CN 360, Trenton, NJ 08625-0360

B

Building Assessed Pyne Poynt Middle School	Date of Construction 1957
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Room/Functional Space Crawlspace	Material (x) Friable ( ) Non-Friable
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Type of Material	( ) Surfacing	(x) Thermal	( ) Miscellaneous
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Square/Linear Footage 800 linear feet + debris	% of Area	Homogeneous ID P01
---	-----------	-----------------------

Damage Assessment

Type of Damage	Yes	No	Amount	Comments
Deterioration	(x)	( )	_____	_____
Delamination	( )	(x)	_____	_____
Water	( )	(x)	_____	_____
Physical	(x)	( )	_____	_____
Other _____	( )	(x)	_____	_____

Extent of Damage	Is dust or debris present?	Location
( ) Localized	(x) Yes	_____
(x) Distributed	( ) No	_____

Was bulk/surface material obtained? (x) Yes ( ) No  
If surfacing, is dust/debris released when material is brushed by hand using moderate pressure? ( ) Yes ( ) No

Accessibility (More than 1 possible) (x) 1 ( ) 2 ( ) 3	Comments _____
---	-------------------

Is there a potential for disturbance of this material? (x) Yes ( ) No  
Explain Work performed on the pipes can cause further damage to the insulation.

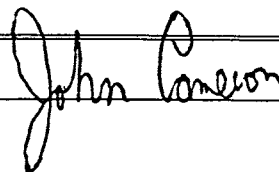
Is this material in an air plenum or exposed to an air stream?  
( ) Yes (x) No Explain \_\_\_\_\_

Degree of Damage

(x) Damaged or ( ) Significantly Damaged Thermal Systems Ins	( ) ACBM w/Potential for Damage
( ) Damaged Friable Surfacing ACM	( ) ACBM w/Potential for Significant Damage
( ) Significantly Damaged Friable Surfacing ACM	( ) Any Remaining Friable ACBM or Friable Suspected ACBM
( ) Damaged or ( ) Significantly Damaged Friable Misc. ACM	

Additional Comments

Signature of Inspector \_\_\_\_\_



ROOM/FUNCTIONAL SPACE INSPECTION  
New Jersey State Department of Health  
Asbestos Control Unit  
CN 360, Trenton, NJ 08625-0360

B

Building Assessed Pyne Poynt Middle School Date of Construction 1957

Room/Functional Space Ground Floor (see below) Material (x) Friable ( ) Non-Friable

Type of Material ( ) Surfacing (x) Thermal ( ) Miscellaneous

Square/Linear Footage 188 linear feet % of Area                      Homogeneous ID P02

Damage Assessment

Type of Damage	Yes	No	Amount	Comments
Deterioration	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
Delamination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
Water	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
Physical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
Other _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____

Extent of Damage                      Is dust or debris present?                      Location                       
☐ Localized ☐ Yes                       
☐ Distributed ☐ No                     

Was bulk/surface material obtained? ☒ Yes ☐ No  
If surfacing, is dust/debris released when material is brushed by hand using moderate pressure? ☐ Yes ☐ No

Accessibility (More than 1 possible)                      Comments                       
☐ 1 ☒ 2 ☐ 3

Is there a potential for disturbance of this material? ☒ Yes ☐ No  
Explain The insulation is located in storage rooms.

Is this material in an air plenum or exposed to an air stream?  
☐ Yes ☒ No Explain                     

Degree of Damage

<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal Systems Ins	<input checked="" type="checkbox"/> ACBM w/Potential for Damage
<input type="checkbox"/> Damaged Friable Surfacing ACM	<input type="checkbox"/> ACBM w/Potential for Significant Damage
<input type="checkbox"/> Significantly Damaged Friable Surfacing ACM	<input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Misc. ACM	

Additional Comments: Locations - storage next to 30 & 37, main office storage (next to work room), gym storage, auditorium.

Signature of Inspector John Conner

ROOM/FUNCTIONAL SPACE INSPECTION  
New Jersey State Department of Health  
Asbestos Control Unit  
CN 360, Trenton, NJ 08625-0360

B

Building Assessed Pyne Poynt Middle School Date of Construction 1957

Room/Functional Space Partial Ground Floor (see below) Material (x) Friable ( ) Non-Friable

Type of Material ( ) Surfacing (x) Thermal ( ) Miscellaneous

Square/Linear Footage 40 linear feet % of Area \_\_\_\_\_ Homogeneous ID P02

Damage Assessment

Type of Damage	Yes	No	Amount	Comments
Deterioration	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
Delamination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
Water	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
Physical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
Other _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____

Extent of Damage ( ) Localized ( ) Distributed Is dust or debris present? ( ) Yes ( ) No Location \_\_\_\_\_

Was bulk/surface material obtained? (x) Yes ( ) No  
If surfacing, is dust/debris released when material is brushed by hand using moderate pressure? ( ) Yes ( ) No

Accessibility (More than 1 possible) ( ) 1 (x) 2 ( ) 3 Comments \_\_\_\_\_

Is there a potential for disturbance of this material? (x) Yes ( ) No  
Explain The insulation is located in storage rooms.

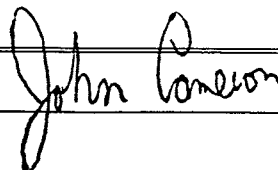
Is this material in an air plenum or exposed to an air stream?  
( ) Yes (x) No Explain \_\_\_\_\_

Degree of Damage

<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal Systems Ins	<input checked="" type="checkbox"/> ACBM w/Potential for Damage
<input type="checkbox"/> Damaged Friable Surfacing ACM	<input type="checkbox"/> ACBM w/Potential for Significant Damage
<input type="checkbox"/> Significantly Damaged Friable Surfacing ACM	<input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Misc. ACM	

Additional Comments: Locations - storage next to room 4, room 7 and Home Economics store room.

Signature of Inspector \_\_\_\_\_



ROOM/FUNCTIONAL SPACE INSPECTION  
New Jersey State Department of Health  
Asbestos Control Unit  
CN 360, Trenton, NJ 08625-0360

B

Building Assessed Date of Construction  
Pyne Poynt Middle School 1957

Room/Functional Space Material  
First Floor (see below) (x) Friable ( ) Non-Friable

Type of Material ( ) Surfacing (x) Thermal ( ) Miscellaneous

Square/Linear Footage % of Area Homogeneous ID  
134 linear feet P02

Damage Assessment

Type of Damage	Yes	No	Amount	Comments
Deterioration	( )	(x)	_____	_____
Delamination	( )	(x)	_____	_____
Water	( )	(x)	_____	_____
Physical	( )	(x)	_____	_____
Other _____	( )	(x)	_____	_____

Extent of Damage Is dust or debris present? Location  
( ) Localized ( ) Yes \_\_\_\_\_  
( ) Distributed ( ) No \_\_\_\_\_

Was bulk/surface material obtained? (x) Yes ( ) No  
If surfacing, is dust/debris released when material is brushed by hand using moderate pressure? ( ) Yes ( ) No

Accessibility (More than 1 possible) Comments  
( ) 1 (x) 2 ( ) 3 \_\_\_\_\_

Is there a potential for disturbance of this material? (x) Yes ( ) No  
Explain The insulation is located in storage rooms and above ceiling tiles.

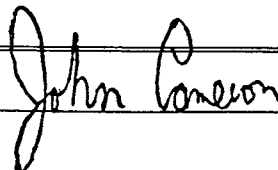
Is this material in an air plenum or exposed to an air stream?  
( ) Yes (x) No Explain \_\_\_\_\_

Degree of Damage

( ) Damaged or ( ) Significantly Damaged Thermal Systems Ins	(x) ACBM w/Potential for Damage
( ) Damaged Friable Surfacing ACM	( ) ACBM w/Potential for Significant Damage
( ) Significantly Damaged Friable Surfacing ACM	( ) Any Remaining Friable ACBM or Friable Suspected ACBM
( ) Damaged or ( ) Significantly Damaged Friable Misc. ACM	

Additional Comments: Locations - storage rooms across from lavatories, corridor by storage rooms.

Signature of Inspector \_\_\_\_\_





ROOM/FUNCTIONAL SPACE INSPECTION  
New Jersey State Department of Health  
Asbestos Control Unit  
CN 360, Trenton, NJ 08625-0360

B

Building Assessed Pyne Poynt Middle School Date of Construction 1957

Room/Functional Space Throughout Material ( ) Friable (x) Non-Friable

Type of Material ( ) Surfacing ( ) Thermal (x) Miscellaneous

Square/Linear Footage 866 square feet % of Area \_\_\_\_\_ Homogeneous ID FD1

Damage Assessment

Type of Damage	Yes	No	Amount	Comments
Deterioration	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
Delamination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
Water	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
Physical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
Other _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____

Extent of Damage ( ) Localized ( ) Distributed Is dust or debris present? ( ) Yes ( ) No Location \_\_\_\_\_

Was bulk/surface material obtained? ( ) Yes (x) No  
If surfacing, is dust/debris released when material is brushed by hand using moderate pressure? ( ) Yes ( ) No

Accessibility (More than 1 possible) (x) 1 ( ) 2 ( ) 3 Comments Material is inside the doors located in the corridors.

Is there a potential for disturbance of this material? (x) Yes ( ) No  
Explain \_\_\_\_\_

Is this material in an air plenum or exposed to an air stream? ( ) Yes (x) No Explain \_\_\_\_\_

Degree of Damage

<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal Systems Ins	<input checked="" type="checkbox"/> ACBM w/Potential for Damage
<input type="checkbox"/> Damaged Friable Surfacing ACM	<input type="checkbox"/> ACBM w/Potential for Significant Damage
<input type="checkbox"/> Significantly Damaged Friable Surfacing ACM	<input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Misc. ACM	

Additional Comments: Locations - storage rooms across from lavatories, corridor by storage rooms.

Signature of Inspector John Conner

**Functional Space Response Actions - D & E pages**

ROOM/FUNCTIONAL SPACE INSPECTION-RESPONSE ACTIONS  
New Jersey State Department of Health  
Asbestos Control Unit  
CN 360, Trenton, NJ 08625-0360

D

Building Assessed: Pyne Poynt Middle Room/Functional Space: Throughout

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL

(CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL	<input type="checkbox"/> SURFACING	<input checked="" type="checkbox"/> MISC
Check One: <input type="checkbox"/> Air Cell	<input type="checkbox"/> Ceiling <input type="checkbox"/> Spray-on	<input checked="" type="checkbox"/> VAT
<input type="checkbox"/> Pipe Ins. <input type="checkbox"/> Cementitious	<input type="checkbox"/> Wall <input type="checkbox"/> Trowelled-on	<input type="checkbox"/> Ceiling
<input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Solid Lag	<input type="checkbox"/> Other: <input type="checkbox"/> Other:	<input type="checkbox"/> Transite
<input type="checkbox"/> Other: <input type="checkbox"/> Other:	_____	<input type="checkbox"/> Other:

Homogeneous ID: F01,5,7,8 Check: ☒ Sample Taken ☐ Material Assumed  
Material: ☐ Friable ☒ Non-Friable Total Sq/Lf: 17,800 sq ft  
Material: ☐ Localized ☒ Distributed Accessibility: ☐ 1 ☐ 2 ☒ 3

Degree of Damage

<input type="checkbox"/> Damage or <input type="checkbox"/> Significantly Damaged Thermal Systems Ins	<input checked="" type="checkbox"/> ACBM w/Potential for Damage
<input type="checkbox"/> Damaged Friable Surfacing ACM	<input type="checkbox"/> ACBM w/Potential for Significant Damage
<input type="checkbox"/> Significantly Damaged Friable Surfacing ACM	<input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Misc. ACM	

Response Actions	Date of Response	Sq/Ln Feet
Repair and maintain on Operations & Maintenance plan		

\*\*\*\*\*

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL

(CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL	<input type="checkbox"/> SURFACING	<input type="checkbox"/> MISC.
Check One: <input type="checkbox"/> Air Cell	<input type="checkbox"/> Ceiling <input type="checkbox"/> Spray-on	<input type="checkbox"/> VAT
<input type="checkbox"/> Pipe Ins. <input type="checkbox"/> Cementitious	<input type="checkbox"/> Wall <input type="checkbox"/> Trowelled-on	<input type="checkbox"/> Ceiling
<input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Solid Lag	<input type="checkbox"/> Other: <input type="checkbox"/> Other:	<input type="checkbox"/> Transite
<input type="checkbox"/> Other: <input type="checkbox"/> Other:	_____	<input type="checkbox"/> Other:

Homogeneous ID: \_\_\_\_\_ Check One: ☐ Sample Taken ☐ Material Assumed  
Material: ☐ Friable ☐ Non-Friable Total Sq/Lf: \_\_\_\_\_  
Material: ☐ Localized ☐ Distributed Accessibility: ☐ 1 ☐ 2 ☐ 3

Degree of Damage

<input type="checkbox"/> Damage or <input type="checkbox"/> Significantly Damaged Thermal Systems Ins	<input type="checkbox"/> ACBM w/Potential for Damage
<input type="checkbox"/> Damaged Friable Surfacing ACM	<input type="checkbox"/> ACBM w/Potential for Significant Damage
<input type="checkbox"/> Significantly Damaged Friable Surfacing ACM	<input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Misc. ACM	

Response Actions	Date of Response	Sq/Ln Feet
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ROOM/FUNCTIONAL SPACE INSPECTION-RESPONSE ACTIONS  
New Jersey State Department of Health  
Asbestos Control Unit  
CN 360, Trenton, NJ 08625-0360

D

Building Assessed: Pyne Poynt Middle Room/Functional Space:Crawlspace

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL

(CHECK ONLY ONE TYPE PER SHEET)

<input checked="" type="checkbox"/> THERMAL	<input type="checkbox"/> SURFACING	<input type="checkbox"/> MISC
Check One: <input checked="" type="checkbox"/> Air Cell	<input type="checkbox"/> Ceiling <input type="checkbox"/> Spray-on	<input type="checkbox"/> VAT
<input checked="" type="checkbox"/> Pipe Ins.	<input type="checkbox"/> Cementitious <input type="checkbox"/> Wall <input type="checkbox"/> Trowelled-on	<input type="checkbox"/> Ceiling
<input type="checkbox"/> Elbow/Joint	<input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: <input type="checkbox"/> Other:	<input type="checkbox"/> Transite
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

Homogeneous ID: P01 Check: ☒ Sample Taken ☐ Material Assumed  
Material: ☒ Friable ☐ Non-Friable Total Sq/Lf: 800+ linear feet  
Material: ☐ Localized ☒ Distributed Accessibility: ☒ 1 ☐ 2 ☐ 3

Degree of Damage

<input checked="" type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal Systems Ins	<input checked="" type="checkbox"/> ACBM w/Potential for Damage
<input type="checkbox"/> Damaged Friable Surfacing ACM	<input type="checkbox"/> ACBM w/Potential for Significant Damage
<input type="checkbox"/> Significantly Damaged Friable Surfacing ACM	<input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Misc. ACM	

Response Actions	Date of Response	Sq/Ln Feet
Repair and maintain on Operations & Maintenance plan		

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SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL

(CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL	<input type="checkbox"/> SURFACING	<input type="checkbox"/> MISC.
Check One: <input type="checkbox"/> Air Cell	<input type="checkbox"/> Ceiling <input type="checkbox"/> Spray-on	<input type="checkbox"/> VAT
<input type="checkbox"/> Pipe Ins.	<input type="checkbox"/> Cementitious <input type="checkbox"/> Wall <input type="checkbox"/> Trowelled-on	<input type="checkbox"/> Ceiling
<input type="checkbox"/> Elbow/Joint	<input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: <input type="checkbox"/> Other:	<input type="checkbox"/> Transite
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

Homogeneous ID: \_\_\_\_\_ Check One: ☐ Sample Taken ☐ Material Assumed  
Material: ☐ Friable ☐ Non-Friable Total Sq/Lf: \_\_\_\_\_  
Material: ☐ Localized ☐ Distributed Accessibility: ☐ 1 ☐ 2 ☐ 3

Degree of Damage

<input type="checkbox"/> Damage or <input type="checkbox"/> Significantly Damaged Thermal Systems Ins	<input type="checkbox"/> ACBM w/Potential for Damage
<input type="checkbox"/> Damaged Friable Surfacing ACM	<input type="checkbox"/> ACBM w/Potential for Significant Damage
<input type="checkbox"/> Significantly Damaged Friable Surfacing ACM	<input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Misc. ACM	

Response Actions	Date of Response	Sq/Ln Feet
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ROOM/FUNCTIONAL SPACE INSPECTION-RESPONSE ACTIONS  
New Jersey State Department of Health  
Asbestos Control Unit  
CN 360, Trenton, NJ 08625-0360

D

Building Assessed: Pyne Poynt Middle Room/Functional Space:Ground Flr  
SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL

(CHECK ONLY ONE TYPE PER SHEET)

<input checked="" type="checkbox"/> THERMAL	<input type="checkbox"/> SURFACING	<input type="checkbox"/> MISC
Check One: <input checked="" type="checkbox"/> Air Cell	<input type="checkbox"/> Ceiling <input type="checkbox"/> Spray-on	<input type="checkbox"/> VAT
<input checked="" type="checkbox"/> Pipe Ins.	<input type="checkbox"/> Cementitious <input type="checkbox"/> Wall <input type="checkbox"/> Trowelled-on	<input type="checkbox"/> Ceiling
<input type="checkbox"/> Elbow/Joint	<input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: <input type="checkbox"/> Other:	<input type="checkbox"/> Transite
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

Homogeneous ID: P02 Check: ☒ Sample Taken ☐ Material Assumed  
Material: ☒ Friable ☐ Non-Friable Total Sq/Lf: 188 linear feet  
Material: ☐ Localized ☒ Distributed Accessibility: ☐ 1 ☒ 2 ☐ 3

Degree of Damage

<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal Systems Ins	<input checked="" type="checkbox"/> ACBM w/Potential for Damage
<input type="checkbox"/> Damaged Friable Surfacing ACM	<input type="checkbox"/> ACBM w/Potential for Significant Damage
<input type="checkbox"/> Significantly Damaged Friable Surfacing ACM	<input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Misc. ACM	

Response Actions	Date of Response	Sq/Ln Feet
Maintain on Operations & Maintenance plan		

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SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL

(CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL	<input type="checkbox"/> SURFACING	<input type="checkbox"/> MISC.
Check One: <input type="checkbox"/> Air Cell	<input type="checkbox"/> Ceiling <input type="checkbox"/> Spray-on	<input type="checkbox"/> VAT
<input type="checkbox"/> Pipe Ins.	<input type="checkbox"/> Cementitious <input type="checkbox"/> Wall <input type="checkbox"/> Trowelled-on	<input type="checkbox"/> Ceiling
<input type="checkbox"/> Elbow/Joint	<input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: <input type="checkbox"/> Other:	<input type="checkbox"/> Transite
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

Homogeneous ID: \_\_\_\_\_ Check One: ☐ Sample Taken ☐ Material Assumed  
Material: ☐ Friable ☐ Non-Friable Total Sq/Lf: \_\_\_\_\_  
Material: ☐ Localized ☐ Distributed Accessibility: ☐ 1 ☐ 2 ☐ 3

Degree of Damage

<input type="checkbox"/> Damage or <input type="checkbox"/> Significantly Damaged Thermal Systems Ins	<input type="checkbox"/> ACBM w/Potential for Damage
<input type="checkbox"/> Damaged Friable Surfacing ACM	<input type="checkbox"/> ACBM w/Potential for Significant Damage
<input type="checkbox"/> Significantly Damaged Friable Surfacing ACM	<input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Misc. ACM	

Response Actions	Date of Response	Sq/Ln Feet
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ROOM/FUNCTIONAL SPACE INSPECTION-RESPONSE ACTIONS  
New Jersey State Department of Health  
Asbestos Control Unit  
CN 360, Trenton, NJ 08625-0360

D

Building Assessed: Pyne Poynt Mid. Room/Functional Space: Partial Ground

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL

(CHECK ONLY ONE TYPE PER SHEET)

<input checked="" type="checkbox"/> THERMAL	<input type="checkbox"/> SURFACING	<input type="checkbox"/> MISC
Check One: <input checked="" type="checkbox"/> Air Cell	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Spray-on
<input checked="" type="checkbox"/> Pipe Ins.	<input type="checkbox"/> Cementitious	<input type="checkbox"/> Trowelled-on
<input type="checkbox"/> Elbow/Joint	<input type="checkbox"/> Solid Lag	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	

Homogeneous ID: P02 Check: ☒ Sample Taken ☐ Material Assumed  
Material: ☒ Friable ☐ Non-Friable Total Sq/Lf: 40 linear feet  
Material: ☐ Localized ☒ Distributed Accessibility: ☐ 1 ☒ 2 ☐ 3

Degree of Damage

<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal Systems Ins	<input checked="" type="checkbox"/> ACBM w/Potential for Damage
<input type="checkbox"/> Damaged Friable Surfacing ACM	<input type="checkbox"/> ACBM w/Potential for Significant Damage
<input type="checkbox"/> Significantly Damaged Friable Surfacing ACM	<input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Misc. ACM	

Response Actions	Date of Response	Sq/Ln Feet
Maintain on Operations & Maintenance plan		

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SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL

(CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL	<input type="checkbox"/> SURFACING	<input type="checkbox"/> MISC.
Check One: <input type="checkbox"/> Air Cell	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Spray-on
<input type="checkbox"/> Pipe Ins.	<input type="checkbox"/> Cementitious	<input type="checkbox"/> Trowelled-on
<input type="checkbox"/> Elbow/Joint	<input type="checkbox"/> Solid Lag	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	

Homogeneous ID: \_\_\_\_\_ Check One: ☐ Sample Taken ☐ Material Assumed  
Material: ☐ Friable ☐ Non-Friable Total Sq/Lf: \_\_\_\_\_  
Material: ☐ Localized ☐ Distributed Accessibility: ☐ 1 ☐ 2 ☐ 3

Degree of Damage

<input type="checkbox"/> Damage or <input type="checkbox"/> Significantly Damaged Thermal Systems Ins	<input type="checkbox"/> ACBM w/Potential for Damage
<input type="checkbox"/> Damaged Friable Surfacing ACM	<input type="checkbox"/> ACBM w/Potential for Significant Damage
<input type="checkbox"/> Significantly Damaged Friable Surfacing ACM	<input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Misc. ACM	

Response Actions	Date of Response	Sq/Ln Feet
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ROOM/FUNCTIONAL SPACE INSPECTION-RESPONSE ACTIONS  
New Jersey State Department of Health  
Asbestos Control Unit  
CN 360, Trenton, NJ 08625-0360

D

Building Assessed: Pyne Poynt Mid. Room/Functional Space: First Floor

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL

(CHECK ONLY ONE TYPE PER SHEET)

<input checked="" type="checkbox"/> THERMAL	<input type="checkbox"/> SURFACING	<input type="checkbox"/> MISC
Check One: <input checked="" type="checkbox"/> Air Cell	<input type="checkbox"/> Ceiling <input type="checkbox"/> Spray-on	<input type="checkbox"/> VAT
<input checked="" type="checkbox"/> Pipe Ins.	<input type="checkbox"/> Cementitious <input type="checkbox"/> Wall <input type="checkbox"/> Trowelled-on	<input type="checkbox"/> Ceiling
<input type="checkbox"/> Elbow/Joint	<input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: <input type="checkbox"/> Other:	<input type="checkbox"/> Transite
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

Homogeneous ID: P02 Check: ☒ Sample Taken ☐ Material Assumed  
Material: ☒ Friable ☐ Non-Friable Total Sq/Lf: 134 linear feet  
Material: ☐ Localized ☒ Distributed Accessibility: ☐ 1 ☒ 2 ☐ 3

Degree of Damage

<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal Systems Ins	<input checked="" type="checkbox"/> ACBM w/Potential for Damage
<input type="checkbox"/> Damaged Friable Surfacing ACM	<input type="checkbox"/> ACBM w/Potential for Significant Damage
<input type="checkbox"/> Significantly Damaged Friable Surfacing ACM	<input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Misc. ACM	

Response Actions	Date of Response	Sq/Ln Feet
Maintain on Operations & Maintenance plan		

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SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL

(CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL	<input type="checkbox"/> SURFACING	<input type="checkbox"/> MISC.
Check One: <input type="checkbox"/> Air Cell	<input type="checkbox"/> Ceiling <input type="checkbox"/> Spray-on	<input type="checkbox"/> VAT
<input type="checkbox"/> Pipe Ins.	<input type="checkbox"/> Cementitious <input type="checkbox"/> Wall <input type="checkbox"/> Trowelled-on	<input type="checkbox"/> Ceiling
<input type="checkbox"/> Elbow/Joint	<input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: <input type="checkbox"/> Other:	<input type="checkbox"/> Transite
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

Homogeneous ID: \_\_\_\_\_ Check One: ☐ Sample Taken ☐ Material Assumed  
Material: ☐ Friable ☐ Non-Friable Total Sq/Lf: \_\_\_\_\_  
Material: ☐ Localized ☐ Distributed Accessibility: ☐ 1 ☐ 2 ☐ 3

Degree of Damage

<input type="checkbox"/> Damage or <input type="checkbox"/> Significantly Damaged Thermal Systems Ins	<input type="checkbox"/> ACBM w/Potential for Damage
<input type="checkbox"/> Damaged Friable Surfacing ACM	<input type="checkbox"/> ACBM w/Potential for Significant Damage
<input type="checkbox"/> Significantly Damaged Friable Surfacing ACM	<input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Misc. ACM	

Response Actions	Date of Response	Sq/Ln Feet

ROOM/FUNCTIONAL SPACE INSPECTION-RESPONSE ACTIONS  
New Jersey State Department of Health  
Asbestos Control Unit  
CN 360, Trenton, NJ 08625-0360

D

Building Assessed: Pyne Poynt Mid. Room/Functional Space: Throughout

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL

(CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL	<input type="checkbox"/> SURFACING	<input checked="" type="checkbox"/> MISC
Check One: <input type="checkbox"/> Air Cell	<input type="checkbox"/> Ceiling <input type="checkbox"/> Spray-on	<input type="checkbox"/> VAT
<input type="checkbox"/> Pipe Ins. <input type="checkbox"/> Cementitious	<input type="checkbox"/> Wall <input type="checkbox"/> Trowelled-on	<input type="checkbox"/> Ceiling
<input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Solid Lag	<input type="checkbox"/> Other: <input type="checkbox"/> Other:	<input type="checkbox"/> Transite
<input type="checkbox"/> Other: <input type="checkbox"/> Other:		<input checked="" type="checkbox"/> Other: Fire Door

Homogeneous ID: FD1 Check: ☐ Sample Taken ☒ Material Assumed  
Material: ☒ Friable ☐ Non-Friable Total Sq/Lf: 866 square feet  
Material: ☐ Localized ☒ Distributed Accessibility: ☒ 1 ☐ 2 ☐ 3

Degree of Damage

<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal Systems Ins	<input checked="" type="checkbox"/> ACBM w/Potential for Damage
<input type="checkbox"/> Damaged Friable Surfacing ACM	<input type="checkbox"/> ACBM w/Potential for Significant Damage
<input type="checkbox"/> Significantly Damaged Friable Surfacing ACM	<input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Misc. ACM	

Response Actions	Date of Response	Sq/Ln Feet
Maintain on Operations & Maintenance plan		

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SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL

(CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL	<input type="checkbox"/> SURFACING	<input type="checkbox"/> MISC.
Check One: <input type="checkbox"/> Air Cell	<input type="checkbox"/> Ceiling <input type="checkbox"/> Spray-on	<input type="checkbox"/> VAT
<input type="checkbox"/> Pipe Ins. <input type="checkbox"/> Cementitious	<input type="checkbox"/> Wall <input type="checkbox"/> Trowelled-on	<input type="checkbox"/> Ceiling
<input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Solid Lag	<input type="checkbox"/> Other: <input type="checkbox"/> Other:	<input type="checkbox"/> Transite
<input type="checkbox"/> Other: <input type="checkbox"/> Other:		<input type="checkbox"/> Other:

Homogeneous ID: \_\_\_\_\_ Check One: ☐ Sample Taken ☐ Material Assumed  
Material: ☐ Friable ☐ Non-Friable Total Sq/Lf: \_\_\_\_\_  
Material: ☐ Localized ☐ Distributed Accessibility: ☐ 1 ☐ 2 ☐ 3

Degree of Damage

<input type="checkbox"/> Damage or <input type="checkbox"/> Significantly Damaged Thermal Systems Ins	<input type="checkbox"/> ACBM w/Potential for Damage
<input type="checkbox"/> Damaged Friable Surfacing ACM	<input type="checkbox"/> ACBM w/Potential for Significant Damage
<input type="checkbox"/> Significantly Damaged Friable Surfacing ACM	<input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Misc. ACM	

Response Actions	Date of Response	Sq/Ln Feet
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**Homogeneous Material Identification - F pages**

HOMOGENEOUS MATERIAL IDENTIFICATION  
New Jersey State Department of Health  
Asbestos Control Unit  
CN 360, Trenton, NJ 08625-0360

F

Building Assessed: Pyne Poynt Middle School

ID: F01 (x)Sampled ( )Assumed  
Description: 9 x 9 Green Floor Tile  
Locations: Ground floor: Rooms 9, 10, main office (15, 17, 18, 19)  
including hallway, 23, 26, 30.  
Partial ground floor: Room 7

Total Footage: 4,735 Total Damage: \_\_\_\_\_ % of Damage: \_\_\_\_\_  
Damage Severity: ( )Major ( )Severe ( )Minor ( )Occasional

ID: F05 (x)Sampled ( )Assumed  
Description: 9 x 9 Tan Floor Tile  
Locations: Ground floor: Main office store room next to work room  
1st floor: Janitors closets at lavatories.

Total Footage: 250 Total Damage: \_\_\_\_\_ % of Damage: \_\_\_\_\_  
Damage Severity: ( )Major ( )Severe ( )Minor ( )Occasional

ID: F07 (x)Sampled ( )Assumed  
Description: 9 x 9 Grey Floor Tile  
Locations: Ground floor: Closet at gym steps (by lav areas),  
custodian closet across from main office,  
room 38.

Total Footage: 1,135 Total Damage: \_\_\_\_\_ % of Damage: \_\_\_\_\_  
Damage Severity: ( )Major ( )Severe ( )Minor ( )Occasional

ID: F08 (x)Sampled ( )Assumed  
Description: 9 x 9 Pink-Red Floor Tile  
Locations: Auditorium, Cafeteria

Total Footage: 11,680 Total Damage: \_\_\_\_\_ % of Damage: \_\_\_\_\_  
Damage Severity: ( )Major ( )Severe ( )Minor ( )Occasional

ID: P01 (x)Sampled ( )Assumed  
Description: Pipe Insulation  
Locations: Crawlspace

Total Footage: 800+ Total Damage: \_\_\_\_\_ % of Damage: \_\_\_\_\_  
Damage Severity: ( )Major ( )Severe ( )Minor ( )Occasional

HOMOGENEOUS MATERIAL IDENTIFICATION  
New Jersey State Department of Health  
Asbestos Control Unit  
CN 360, Trenton, NJ 08625-0360

F

Building Assessed: Pyne Poynt Middle School

ID: P02 (x)Sampled ( )Assumed

Description: Pipe Insulation

Locations: Ground floor: storage next to 30 & 37, main office work room, gym storage, auditorium. Partial ground floor: room 7, home ec storage, storage next to room 4. 1st floor: storage across from lavatories and corridor outside storage rooms

Total Footage: 362 Total Damage: \_\_\_\_\_ % of Damage: \_\_\_\_\_

Damage Severity: ( )Major ( )Severe ( )Minor ( )Occasional

ID: FD1 ( )Sampled (x)Assumed

Description: Fire Doors

Locations: Boiler Room and Corridors

Total Footage: 866 Total Damage: \_\_\_\_\_ % of Damage: \_\_\_\_\_

Damage Severity: ( )Major ( )Severe ( )Minor ( )Occasional

ID: \_\_\_\_\_ ( )Sampled ( )Assumed

Description: \_\_\_\_\_

Locations: \_\_\_\_\_

Total Footage: \_\_\_\_\_ Total Damage: \_\_\_\_\_ % of Damage: \_\_\_\_\_

Damage Severity: ( )Major ( )Severe ( )Minor ( )Occasional

ID: \_\_\_\_\_ ( )Sampled ( )Assumed

Description: \_\_\_\_\_

Locations: \_\_\_\_\_

Total Footage: \_\_\_\_\_ Total Damage: \_\_\_\_\_ % of Damage: \_\_\_\_\_

Damage Severity: ( )Major ( )Severe ( )Minor ( )Occasional

ID: \_\_\_\_\_ ( )Sampled ( )Assumed

Description: \_\_\_\_\_

Locations: \_\_\_\_\_

Total Footage: \_\_\_\_\_ Total Damage: \_\_\_\_\_ % of Damage: \_\_\_\_\_

Damage Severity: ( )Major ( )Severe ( )Minor ( )Occasional



# Camden City School District

## AHERA - Asbestos Awareness Training

Date: November 16, 1993

Instructor: \_\_\_\_\_

	<u>Name</u>	<u>Signature</u>	<u>Time</u>
		<u>Pyne Poynt</u>	
25.	Brulan Arroyo	<u>Brulan Arroyo</u>	_____
26.	Joe Walker	<u>Joe L. Walker</u>	_____
27.	Tony Powers	<u>Tony Powers</u>	_____
28.	Carl Williams	<u>Carl B. Williams</u>	<u>12:45</u>
		<u>Veterans</u>	
29.	Carl Hare	<u>Carl Hare</u>	<u>12:45 / 9:15</u>
30.	Gregory Torres	_____	_____
		<u>Rietta Cream</u>	
31.	Don Horsey	<u>Don M. Horsey Jr.</u>	_____
32.	Gary Moore	<u>Gary B. Moore</u>	_____
33.	Kevin Farrington	<u>Kevin Farrington</u>	_____
		<u>Dudley</u>	
34.	Sharon Clark	_____	_____
35.	Thomas Smith	_____	_____
36.	Mark Jones	_____	_____
		<u>Lanning Square</u>	
37.	Robert Noel	<u>Robert S. Noel</u>	<u>9:00</u>
38.	Marceliano Ibarrondo	<u>Marceliano Ibarrondo</u>	_____
		<u>Lincoln</u>	
39.	Don Yong	<u>Mrs. L. Holmes</u>	_____
40.	Lillian Holmes	_____	_____
		<u>McGraw</u>	
41.	Robert King	_____	_____
42.	Robert Mason	_____	_____
		<u>Molina</u>	
43.	Anthony Maxwell	<u>Anthony Maxwell</u>	<u>9:10</u>
		<u>Parkside</u>	
44.	Andre Moody	_____	_____
45.	Briston Kenyon	<u>Briston Kenyon</u>	<u>12:45</u>

# ASBESTOS TRAINING

School/District Pyne Point Date 11/10/88

Location of Training Cowden High School

This two hour session is given for awareness training for all members of the custodial staff, maintenance staff, and others, as described in EPA Final Rule and Notice 40 CFR Part 763, Section 763.92 and 763.94 dated October 30, 1987.

	Signature of Person Attending	Job Title	Date	No. of Hours Completed
1.	Marquerite Drummond	Matron	11/10/88	2 ✓
2.	Leuse Floyd	Matron		
3.	Emma Mears	Matron		
4.	Leofila Pinner	Sanitor		
5.	Orineo Santiago	Sanitor		
6.	Humbert Burns	Sanitor		
7.	Walter Johnson	Sanitor		
8.	William Smith	Sanitor		
9.	W.D. COSTON	Sanitor		
10.	S. Edwards	Custodian		
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

Robert Barock  
Signed - Responsible Party

Form E-2

This form may be copied or reproduced as needed.

Asbestos  
Abatement

**Project:** Pyne Poynt Middle School  
Camden School District

**Site:** 7th and Erie Streets  
Camden, N.J.

**Project Schedule:** 8/9/93 - 8/14/93

**Scope of Work:** Removal of approximately 1000 feet of thermal insulation from pipes and fittings in the crawl space and on risers in the gym and auditorium of the building.

**Asbestos Safety Technician:** Daniel Sabia # 00926

**Air Monitoring:** Air samples were taken during abatement activities throughout the project. These samples were taken around the work area to evaluate the effectiveness of the engineering systems used to protect against contamination of the non-work area. All samples were collected in strict accordance with NIOSH 7400 Method by a trained technician.

**Contractor:** B & M Construction and Restoration, Inc.  
265-B Route 46 West  
Totowa, N.J.

**Waste Hauler:** B & M Construction & Restoration, Inc.  
Totowa, N.J.

**Landfill:** Bronx Transfer Station  
Bronx, N.Y.

**Asbestos Safety Control Monitor:** Karl & Associates, Inc.  
P O Box 645  
Shillington, Pa. 19607

**Contact Person:** Joseph E. Butcher  
E. Marko & Associates, Inc.

**Completion:** The thermal insulation was successfully removed from all areas. There were no serious problems to impede the completion of the project.



NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)

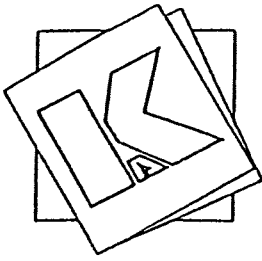
Date of Notification (1) 10/7/21/93		Name of Building Owner/Operator (2) Camden Board of Education	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification	
Street Address 2101 Ferry Avenue		City, State, Zip Code Camden, New Jersey 08104	
Name of Contact Leon Freeman		Telephone Number (609) 962-5800	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Pyne Poynt Middle School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 7th and Erie Streets			Square Feet 20,000		
City (5) Camden			County (6) Camden		
County Code (7) (STATE USE ONLY)			Bldg. Age 45		
Name of Monitoring Firm Hired by Building Owner (8) E. Marko & Associates, Inc.			Name of Contractor (9) B & M Construction and Restoration, Inc.		
ASCM No. 00077			Street Address Post Office Box 39		
Street Address 2311 Route 70 West Building One			City, State, Zip Code Totowa, New Jersey 07511		
City, State, Zip Code Cherry Hill, New Jersey 08002			Telephone Number (201) 595-7133		
Project Manager for Monitoring Firm Joe Butcher			License Number 00209		
Telephone Number (609) 661-8144			Name of OSHA Monitor B & M Construction and Restoration, Inc.		
Scheduled Start Date (10) 10/8/93			Street Address Post Office Box 39		
Sched. Completion Date (11) 10/8/93			City, State, Zip Code Totowa, New Jersey 07511		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe:					
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Project (> 160 SF or > 260 LF ACM) <input type="checkbox"/> Small Project (725 < 160 SF or > 10 < 260 LF ACM) <input type="checkbox"/> Minor Project (< 25 SF or < 10 LF ACM) <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure					

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				R E M O V A L	R E P A I R	E N C A P S U L
Crawl space, auditorium	X	pipe & fitting insulation	1000lf	X		

Name of Registered Waste Hauler B & M Const & Rest., Inc.		NJDEP Waste Hauler ID No. 15573		Cubic Yards of Waste 5 CY		Name of Registered Landfill Bronx Transfer Station	
City, State Totowa, N. J. 07511		Disposal Date 08/14/93		City, State Bronx, New York			
Completed By (Print or Type) Borka Curovic		Title Asst Proj Mgr		Signature <i>Borka Curovic</i>		Date 7/21/93	



# KARL & ASSOCIATES INC.

P.O. Box 645 Shillington, PA 19607 Phone: (215) 777-5719 Fax: (215) 777-5688

## Certificate of Completion

Pursuant to N.J.A.C. 5:23-8, the following project has officially fulfilled certificate of completion requirements and application for certificate of occupancy can be conducted.

Project: Pyne Poynt Middle School

Description: Glove bag removal

Location: Crawl Space

Contractor/#: B+M Construction #00209

Issue Date/Time: 14 August 93 1830 hrs

NJASCM Name/#: E. Marko & Associates, Inc #00077

NJAST Name/#: DANIEL SABIA JR #00926

This certificate of completion remains in affect when the information contained herein is correct. Changes of any kind will invalidate this written certificate of completion.

NJAST Signature/#/Date: Daniel Sabia Jr #00926 14 Aug 93

Contractor Representative/#/Date: Robert S. Hyatt #13403 14 Aug 93



<b>Building Assessed</b>				<b>Room/Functional Space</b>	
Pyne Poynt Elementary School				Homogeneous	
SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)					
<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other:		<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other:		<input type="checkbox"/> Miscellaneous <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input checked="" type="checkbox"/> Other: 12x12 tan floor tile	
Homogeneous ID No.	Check One <input type="checkbox"/> Sample Taken <input checked="" type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input checked="" type="checkbox"/> Non-Friable	Total Sq./LF 20,000 sq. ft.	Material <input checked="" type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

### Damage Assessment

- ☐ Damaged or ☐ Significantly Damaged ☐ ACBM With Potential for Damage  
 Thermal System Insulation ☐ ACBM With Potential for Significant Damage  
☐ Damaged Friable Surfacing ACM ☐ Any Remaining Friable ACM  
☐ Significantly Damaged Friable Surfacing ACM or Friable Suspected ACM  
☐ Damaged or ☐ Significantly Damaged  
 Friable Miscellaneous ACM

<b>Response</b>					
<b>Comments</b>					
SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)					
<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other:		<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other:		<input type="checkbox"/> Miscellaneous <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other:	
Homogeneous ID No.	Check One <input type="checkbox"/> Sample Taken <input checked="" type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input checked="" type="checkbox"/> Non-Friable	Total Sq./LF sq ft.	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

### Damage Assessment

- ☐ Damaged or ☐ Significantly Damaged ☐ ACBM With Potential for Damage  
 Thermal System Insulation ☐ ACBM With Potential for Significant Damage  
☐ Damaged Friable Surfacing ACM ☐ Any Remaining Friable ACM  
☐ Significantly Damaged Friable Surfacing ACM or Friable Suspected ACM  
☐ Damaged or ☐ Significantly Damaged  
 Friable Miscellaneous ACM

<b>Response</b>	<b>Action(s)</b>	<b>Date of Response</b>	<b>Square/Linear Feet</b>
<b>Comments</b>			

<b>Building Assessed</b>			<b>Room/Functional Space</b>		
Pyne Poynt Elementary School			Room 218, 237, Boiler Room, Handicapped girls bathroom		
SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)					
<input type="checkbox"/> THERMAL Check One:      Check One: <input checked="" type="checkbox"/> Pipe Insulation <input type="checkbox"/> Air Cell <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Cementitious <input type="checkbox"/> Other: <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other:		<input type="checkbox"/> SURFACING Check One:      Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Sprayed On <input type="checkbox"/> Wall <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other: <input type="checkbox"/> Other:		<input type="checkbox"/> Miscellaneous <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other:	
Homogeneous ID No.	Check One <input type="checkbox"/> Sample Taken <input checked="" type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input checked="" type="checkbox"/> Non-Friable	Total Sq./LF 60 lin. ft.	Material <input checked="" type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

#### Damage Assessment

- ☐ Damaged or ☒ Significantly Damaged ☐ ACBM With Potential for Damage  
 Thermal System Insulation                      ☐ ACBM With Potential for Significant Damage  
☐ Damaged Friable Surfacing ACM            ☐ Any Remaining Friable ACBM  
☐ Significantly Damaged Friable Surfacing ACM or Friable Suspected ACBM  
☐ Damaged or ☐ Significantly Damaged  
 Friable Miscellaneous ACM

<b>Response</b>
<b>Comments</b> Boiler room TSI needs rewrap due to serious deterioration

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)					
<input type="checkbox"/> THERMAL Check One:      Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Air Cell <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Cementitious <input type="checkbox"/> Other: <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other:		<input type="checkbox"/> SURFACING Check One:      Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Sprayed On <input type="checkbox"/> Wall <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other: <input type="checkbox"/> Other:		<input type="checkbox"/> Miscellaneous <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other:	
Homogeneous ID No.	Check One <input type="checkbox"/> Sample Taken <input checked="" type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input checked="" type="checkbox"/> Non-Friable	Total Sq./LF sq ft.	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

#### Damage Assessment

- ☐ Damaged or ☐ Significantly Damaged ☐ ACBM With Potential for Damage  
 Thermal System Insulation                      ☐ ACBM With Potential for Significant Damage  
☐ Damaged Friable Surfacing ACM            ☐ Any Remaining Friable ACBM  
☐ Significantly Damaged Friable Surfacing ACM or Friable Suspected ACBM  
☐ Damaged or ☐ Significantly Damaged  
 Friable Miscellaneous ACM

<b>Response</b>	<b>Action(s)</b>	<b>Date of Response</b>	<b>Square/Linear Feet</b>
<b>Comments</b>			

F										
Building Assessed										
Pyne Poynt Elementary School										
Homogeneous ID No.	<input type="checkbox"/> Sampled <input checked="" type="checkbox"/> Assumed	Homogeneous ID No.	<input type="checkbox"/> Sampled <input checked="" type="checkbox"/> Assumed	Homogeneous ID No.	<input type="checkbox"/> Sampled <input checked="" type="checkbox"/> Assumed	Homogeneous ID No.	<input type="checkbox"/> Sampled <input checked="" type="checkbox"/> Assumed	Homogeneous ID No.	<input type="checkbox"/> Sampled <input checked="" type="checkbox"/> Assumed	
Description of Material		Description of Material		Description of Material		Description of Material		Description of Material		
Pipe Insulation		F02 12x12 tan floor tile								
List All Locations		List All Locations		List All Locations		List All Locations		List All Locations		
Room 218, 237, Boiler Room, Handicapped girls bathroom		Homogeneous								
Total Footage	Tot. Footage of Damage	% Damage of Total	Total Footage	Tot. Footage of Damage	% Damage of Total	Total Footage	Tot. Footage of Damage	% Damage of Total	% Damage of Total	
60 lin. ft.	N/A	N/A	20,000 sq. ft.	N/A	N/A	N/A	N/A	N/A	N/A	
Damage Severity			Damage Severity			Damage Severity			Damage Severity	
<input type="checkbox"/> Major <input type="checkbox"/> Minor			<input type="checkbox"/> Major <input type="checkbox"/> Minor			<input type="checkbox"/> Major <input type="checkbox"/> Minor			<input type="checkbox"/> Major <input type="checkbox"/> Minor	
<input checked="" type="checkbox"/> Severe <input checked="" type="checkbox"/> Occasional			<input type="checkbox"/> Severe <input type="checkbox"/> Occasional			<input type="checkbox"/> Severe <input type="checkbox"/> Occasional			<input type="checkbox"/> Severe <input type="checkbox"/> Occasional	

<div> <div>Building Assessed</div> <div>G</div> </div>				
Pyne Poynt Elementary School				
Lab No.	Laboratory Name and Address	County	Telephone Number	NJSDH Certification No. (if applicable)
1	IATL	Camden	(856)231-9449	NVLAP 1165
2				
3				
4				
5				
6				
7				
8				
9				

[illegible]



**Name of Responsible Governing Authority**

**J**

Camden City Board of Education

**Name of Facility**

Pyne Poynt Elementary School

**Building Assessed**

Pyne Poynt Elementary School

A. Description of a chain of command including delegation of responsibilities and procedures for reporting , obtaining supplies and storage and disposal of asbestos waste.

The Head/Senior custodian in each school complex will be responsible for informing the Designated Person about changes in ACBM conditions.

The Designated person will be responsible for supplies, reporting and for the storage and/or disposal of waste. No delegation of the Designated Person's duties will be transferred to another person unless that person becomes the New Designated Person.

The Designated Person will be report to the LEA any need for emergency response actions. The Designated Person will ensure proper training is given to maintenance personnel and building occupants.

The Purchasing Agent of the LEA will ensure that the Designated Person's request for asbestos related supplies are filled.

The Designated Person shall also report directly to staff and parental organizations the inspection results and any response action taken.

<b>Name of Responsible Governing Authority</b>		<b>K</b>
Camden City Board of Education		
<b>Name of Facility</b>	<b>Building Assessed</b>	
Pyne Poynt Elementary School	Pyne Poynt Elementary School	
B. Explain plans for reinspection		
<u>*See an existing plan</u>		

**Name of Responsible Governing Authority**

**L**

Camden City Board of Education

**Name of Facility**

Pyne Poynt Elementary School

**Building Assessed**

Pyne Poynt Elementary School

C. Explain a plan for operations and maintenance activities, including periodic surveillance. Include information regarding work practices, equipment, equipment, disposal, supplies, respiratory protection program, medical surveillance, etc.

\*See an existing plan

--

**Name of Responsible Governing Authority**

**M**

Camden City Board of Education

**Name of Facility**

Pyne Poynt Elementary School

**Building Assessed**

Pyne Poynt Elementary School

D. Describe the steps taken to inform maintenance personnel, building occupants, and/or legal guardians of children, regarding:

1. Inspections
2. Reinspections
3. Response Actions
4. Post-Response Action Activities
5. Periodic Reinspections
6. Surveillance Activities That are Planned or In Progress.

\*See an existing plan

<b>Name of Responsible Governing Authority</b> <b>N</b>	
Camden City Board of Education	
<b>Name of Facility</b>	<b>Building Assessed</b>
Pyne Poynt Elementary School	Pyne Poynt Elementary School
E. Evaluations of resources needed to complete response actions successfully and carry out reinspection and operations and maintenance activities.	
<u>*See an existing plan</u> _____	

<b>Name of Responsible Governing Authority</b> <b>O</b>	
Camden City Board of Education	
<b>Name of Facility</b>	<b>Building Assessed</b>
Pyne Poynt Elementary School	Pyne Poynt Elementary School
F. Description of previous/current asbestos abatement log.	
N/A _____	

**Name of Responsible Governing Authority**

**P**

Camden City Board of Education

**Name of Facility**

Pyne Poynt Elementary School

**Building Assessed**

Pyne Poynt Elementary School

G. Description of minor/major fiber release episode log, including the following information in the event of a fiber release episode:

1. Date of Episode
2. Location of Episode
3. Method of Repair
4. Preventative Measures or Response Actions Taken
5. Name, Address, Telephone Number, and Affiliation of Each Person Performing the Work
6. If ACBM is Removed, the Name and Location of the Storage or Disposal Site for ACM.

N/A

N/A

ASB-6  
JUN 83New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360

FOR STATE USE ONLY

ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONSBuilding Assessed  
Pyne Poynt Middle SchoolRoom/Functional Space  
Crawlspace

## SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input checked="" type="checkbox"/> THERMAL Check One: <input checked="" type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other:		Check One: <input checked="" type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other:	<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other:	Check One: <input type="checkbox"/> Sprayed on <input type="checkbox"/> Trowelled on <input type="checkbox"/> Other:	<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other:
---	--	--	--	---	--

Homogeneous ID No.	Check One: <input checked="" type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./ln 800 Ln. Ft.	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
--------------------	---	---	-----------------------------	---	--

## Damage Assessment

- ☐ Damaged or ☐ Significantly Damaged  
 Thermal System Insulation  
☐ Damaged Friable Surfacing ACM  
☐ Significantly Damaged Friable Surfacing ACM  
☐ Damaged or ☐ Significantly Damaged  
 Friable Miscellaneous ACM

- ☒ ACBM with Potential for Damage  
☐ ACBM with Potential for Significant Damage  
☐ Any Remaining Friable ACBM  
 or Friable Suspected ACBM

Response:	Action(s)	Date of Response	Square/Linear Feet
	Operations and Maintenance	July 1, 1989	800 linear feet
	Remove by	September 1, 1990	800 linear feet

Comments:

## SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other:		Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other:	<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other:	Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other:	<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other:
---	--	---	--	---	--

Homogeneous ID No.	Check One: <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
--------------------	--	--	--------------	--	---

## Damage Assessment

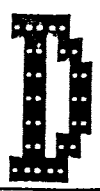
- ☐ Damaged or ☐ Significantly Damaged  
 Thermal System Insulation  
☐ Damaged Friable Surfacing ACM  
☐ Significantly Damaged Friable Surfacing ACM  
☐ Damaged or ☐ Significantly Damaged  
 Friable Miscellaneous ACM

- ☐ ACBM with Potential for Damage  
☐ ACBM with Potential for Significant Damage  
☐ Any Remaining Friable ACBM  
 or Friable Suspected ACBM

Response:	Action(s)	Date of Response	Square/Linear Feet

Comments:





ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

FOR STATE USE ONLY

Building Assessed: Wyne Poynt Middle School Room/Functional Space: 1st. Floor Corridor

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<b>(X) THERMAL</b> Check One: (X) Pipe Insulation ( ) Elbow/Joint ( ) Other: _____		<b>( ) SURFACING</b> Check One: ( ) Ceiling ( ) Wall ( ) Other: _____		<b>( ) MISCELLANEOUS</b> ( ) VAT ( ) Ceiling Tiles ( ) Transite ( ) Other: _____	
Check One: (X) Air Cell ( ) Cementitious ( ) Solid Lag ( ) Other: _____		Check One: ( ) Sprayed on ( ) Trowelled on ( ) Other: _____			

Homogeneous ID No. 02	Check One: (X) Sample Taken ( ) Material Assumed	Material (X) Friable ( ) Non-Friable	Total Sq./Ln 36 Ln. Ft.	Material ( ) Localized (X) Distributed	Accessibility (See Instructions) ( ) 1 (X) 2 ( ) 3
--------------------------	--	--	----------------------------	--	--

Damage Assessment

( ) Damaged or ( ) Significantly Damaged Thermal System Insulation	(X) ACBM with Potential for Damage
( ) Damaged Friable Surfacing ACM	( ) ACBM with Potential for Significant Damage
( ) Significantly Damaged Friable Surfacing ACM	( ) Any Remaining Friable ACBM or Friable Suspected ACBM
( ) Damaged or ( ) Significantly Damaged Friable Miscellaneous ACM	

Response:	Action(s) Operations and Maintenance	Date of Response July 1, 1989	Square/Linear Feet 36 linear feet
	Remove by	September 1, 1990	36 linear feet

Notes:  
\_\_\_\_\_  
\_\_\_\_\_

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<b>( ) THERMAL</b> Check One: ( ) Pipe Insulation ( ) Elbow/ Joint ( ) Other: _____		<b>( ) SURFACING</b> Check One: ( ) Ceiling ( ) Wall ( ) Other: _____		<b>( ) MISCELLANEOUS</b> ( ) VAT ( ) Ceiling Tiles ( ) Transite ( ) Other: _____	
Check One: ( ) Air Cell ( ) Cementitious ( ) Solid Lag ( ) Other: _____		Check One: ( ) Sprayed On ( ) Trowelled On ( ) Other: _____			

Homogeneous ID No.	Check One: ( ) Sample Taken ( ) Material Assumed	Material ( ) Friable ( ) Non-Friable	Total Sq./LF	Material ( ) Localized ( ) Distributed	Accessibility (See Instructions) ( ) 1 ( ) 2 ( ) 3
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Damage Assessment

( ) Damaged or ( ) Significantly Damaged Thermal System Insulation	( ) ACBM with Potential for Damage
( ) Damaged Friable Surfacing ACM	( ) ACBM with Potential for Significant Damage
( ) Significantly Damaged Friable Surfacing ACM	( ) Any Remaining Friable ACBM or Friable Suspected ACBM
( ) Damaged or ( ) Significantly Damaged Friable Miscellaneous ACM	

Response:	Action(s)	Date of Response	Square/Linear Feet
	_____	_____	_____
	_____	_____	_____

Notes:  
\_\_\_\_\_  
\_\_\_\_\_

ASB-6  
JUN 88New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

FOR STATE USE ONLY

Building Assessed  
Pyne Poynt Middle SchoolRoom/Functional Space  
Storage between Rooms 7 and 10 1st. Floor

## SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input checked="" type="checkbox"/> THERMAL Check One: <input checked="" type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other:		Check One: <input checked="" type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other:	<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other:	Check One: <input type="checkbox"/> Sprayed on <input type="checkbox"/> Trowelled on <input type="checkbox"/> Other:	<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other:
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Homogeneous ID No. P02	Check One: <input checked="" type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./Ln 50 Ln. Ft.	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3
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## Damage Assessment

- |  |   |
|--|---|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged<br>Thermal System Insulation<br><input type="checkbox"/> Damaged Friable Surfacing ACM<br><input type="checkbox"/> Significantly Damaged Friable Surfacing ACM<br><input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged<br>Friable Miscellaneous ACM | <input checked="" type="checkbox"/> ACBM with Potential for Damage<br><input type="checkbox"/> ACBM with Potential for Significant Damage<br><input type="checkbox"/> Any Remaining Friable ACBM<br>or Friable Suspected ACBM |
|--|---|

Response:	Action(s)	Date of Response	Square/Linear Feet
	Operations and Maintenance	July 1, 1989	50 linear feet
	Remove by	September 1, 1990	50 linear feet

Comments:

## SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/ Joint <input type="checkbox"/> Other:		Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other:	<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other:	Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other:	<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other:
--	--	---	--	---	--

Homogeneous ID No.	Check One: <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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## Damage Assessment

- |  |  |
|--|--|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged<br>Thermal System Insulation<br><input type="checkbox"/> Damaged Friable Surfacing ACM<br><input type="checkbox"/> Significantly Damaged Friable Surfacing ACM<br><input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged<br>Friable Miscellaneous ACM | <input type="checkbox"/> ACBM with Potential for Damage<br><input type="checkbox"/> ACBM with Potential for Significant Damage<br><input type="checkbox"/> Any Remaining Friable ACBM<br>or Friable Suspected ACBM |
|--|--|

Response:	Action(s)	Date of Response	Square/Linear Feet

Comments:

ISB-6  
JUN 88

New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360



ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

FOR STATE USE ONLY

Building Assessed  
Pyne Poynt Middle School

Room/Functional Space  
Storage between Rooms 14 and 15 1st. Floor

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<b>X) THERMAL</b> Check One: <input checked="" type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____ Check One: <input checked="" type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		<b>( ) SURFACING</b> Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed on <input type="checkbox"/> Trowelled on <input type="checkbox"/> Other: _____		<b>( ) MISCELLANEOUS</b> <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
Heterogeneous ID No. 12	Check One: <input checked="" type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./Ln 48 Ln. Ft.	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3

Damage Assessment

☐ Damaged or ☐ Significantly Damaged  
 Thermal System Insulation  
☐ Damaged Friable Surfacing ACM  
☐ Significantly Damaged Friable Surfacing ACM  
☐ Damaged or ☐ Significantly Damaged  
 Friable Miscellaneous ACM

☒ ACBM with Potential for Damage  
☐ ACBM with Potential for Significant Damage  
☐ Any Remaining Friable ACBM  
 or Friable Suspected ACBM

Response:	Action(s)	Date of Response	Square/Linear Feet
	Operations and Maintenance	July 1, 1989	48 linear feet
	Remove by	September 1, 1990	48 linear feet

Comments:

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<b>( ) THERMAL</b> Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/ Joint <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		<b>( ) SURFACING</b> Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other: _____		<b>( ) MISCELLANEOUS</b> <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
Heterogeneous ID No.	Check One: <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

Damage Assessment

☐ Damaged or ☐ Significantly Damaged  
 Thermal System Insulation  
☐ Damaged Friable Surfacing ACM  
☐ Significantly Damaged Friable Surfacing ACM  
☐ Damaged or ☐ Significantly Damaged  
 Friable Miscellaneous ACM

☐ ACBM with Potential for Damage  
☐ ACBM with Potential for Significant Damage  
☐ Any Remaining Friable ACBM  
 or Friable Suspected ACBM

Response:	Action(s)	Date of Response	Square/Linear Feet

Comments:

ASB-6  
JUN 88New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

FOR STATE USE ONLY

Building Assessed  
Pyne Poynt Middle SchoolRoom/Functional Space  
Storage beside Room 4 Partial Ground Floor

## SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

## (X) THERMAL

Check One:

(X) Pipe Insulation

( ) Elbow/Joint

( ) Other:

Check One:

(X) Air Cell

( ) Cementitious

( ) Solid Lag

( ) Other:

## ( ) SURFACING

Check One:

( ) Ceiling

( ) Wall

( ) Other:

Check One:

( ) Sprayed on

( ) Trowelled on

( ) Other:

## ( ) MISCELLANEOUS

( ) VAT

( ) Ceiling Tiles

( ) Transite

( ) Other:

Homogeneous ID No.

P02

Check One:

(X) Sample Taken

( ) Material Assumed

Material

(X) Friable

( ) Non-Friable

Total Sq./Ln

4 Ln. Ft.

Material

( ) Localized

(X) Distributed

Accessibility

(See Instructions)

( )1 (X)2 ( )3

## Damage Assessment

( ) Damaged or ( ) Significantly Damaged  
Thermal System Insulation

( ) Damaged Friable Surfacing ACM

( ) Significantly Damaged Friable Surfacing ACM

( ) Damaged or ( ) Significantly Damaged  
Friable Miscellaneous ACM

(X) ACBM with Potential for Damage

( ) ACBM with Potential for Significant Damage

( ) Any Remaining Friable ACBM

or Friable Suspected ACBM

Response:

Action(s)

Operations and Maintenance

Date of Response

July 1, 1989

Square/Linear Feet

4 linear feet

Remove by

September 1, 1990

4 linear feet

Comments:

## SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

## ( ) THERMAL

Check One:

( ) Pipe Insulation

( ) Elbow/Joint

( ) Other:

Check One:

( ) Air Cell

( ) Cementitious

( ) Solid Lag

( ) Other:

## ( ) SURFACING

Check One:

( ) Ceiling

( ) Wall

( ) Other:

Check One:

( ) Sprayed On

( ) Trowelled On

( ) Other:

## ( ) MISCELLANEOUS

( ) VAT

( ) Ceiling Tiles

( ) Transite

( ) Other:

Homogeneous ID No.

Check One:

( ) Sample Taken

( ) Material Assumed

Material

( ) Friable

( ) Non-Friable

Total Sq./LF

Material

( ) Localized

( ) Distributed

Accessibility

(See Instructions)

( )1 ( )2 ( )3

## Damage Assessment

( ) Damaged or ( ) Significantly Damaged  
Thermal System Insulation

( ) Damaged Friable Surfacing ACM

( ) Significantly Damaged Friable Surfacing ACM

( ) Damaged or ( ) Significantly Damaged  
Friable Miscellaneous ACM

( ) ACBM with Potential for Damage

( ) ACBM with Potential for Significant Damage

( ) Any Remaining Friable ACBM

or Friable Suspected ACBM

Response:

Action(s)

Date of Response

Square/Linear Feet

Comments:

ASB-6  
JUN 88New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

FOR STATE USE ONLY

Building Assessed  
Pyne Poynt Middle SchoolRoom/Functional Space  
Room 7 Partial Ground Floor

## SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

(X) THERMAL Check One: (X) Pipe Insulation ( ) Elbow/Joint ( ) Other:		Check One: (X) Air Cell ( ) Cementitious ( ) Solid Lag ( ) Other:		( ) SURFACING Check One: ( ) Ceiling ( ) Wall ( ) Other:		Check One: ( ) Sprayed on ( ) Trowelled on ( ) Other:		( ) MISCELLANEOUS ( ) VAT ( ) Ceiling Tiles ( ) Transite ( ) Other:	
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Homogeneous ID No. P02	Check One: (X) Sample Taken ( ) Material Assumed	Material (X) Friable ( ) Non-Friable	Total Sq./Ln 30 Ln. Ft.	Material ( ) Localized (X) Distributed	Accessibility (See Instructions) ( )1 (X)2 ( )3
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## Damage Assessment

- ( ) Damaged or ( ) Significantly Damaged  
 Thermal System Insulation  
 ( ) Damaged Friable Surfacing ACM  
 ( ) Significantly Damaged Friable Surfacing ACM  
 ( ) Damaged or ( ) Significantly Damaged  
 Friable Miscellaneous ACM

- (X) ACBM with Potential for Damage  
 ( ) ACBM with Potential for Significant Damage  
 ( ) Any Remaining Friable ACBM  
 or Friable Suspected ACBM

Response:	Action(s) Operations and Maintenance	Date of Response July 1, 1989	Square/Linear Feet 30 linear feet
	Remove by	September 1, 1990	30 linear feet

Comments:

## SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

( ) THERMAL Check One: ( ) Pipe Insulation ( ) Elbow/ Joint ( ) Other:		Check One: ( ) Air Cell ( ) Cementitious ( ) Solid Lag ( ) Other:		( ) SURFACING Check One: ( ) Ceiling ( ) Wall ( ) Other:		Check One: ( ) Sprayed On ( ) Trowelled On ( ) Other:		( ) MISCELLANEOUS ( ) VAT ( ) Ceiling Tiles ( ) Transite ( ) Other:	
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Homogeneous ID No.	Check One: ( ) Sample Taken ( ) Material Assumed	Material ( ) Friable ( ) Non-Friable	Total Sq./LF	Material ( ) Localized ( ) Distributed	Accessibility (See Instructions) ( )1 ( )2 ( )3
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## Damage Assessment

- ( ) Damaged or ( ) Significantly Damaged  
 Thermal System Insulation  
 ( ) Damaged Friable Surfacing ACM  
 ( ) Significantly Damaged Friable Surfacing ACM  
 ( ) Damaged or ( ) Significantly Damaged  
 Friable Miscellaneous ACM

- ( ) ACBM with Potential for Damage  
 ( ) ACBM with Potential for Significant Damage  
 ( ) Any Remaining Friable ACBM  
 or Friable Suspected ACBM

Response:	Action(s)	Date of Response	Square/Linear Feet

Comments:

AS8-6  
JUN 88New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

FOR STATE USE ONLY

Building Assessed

Pyne Poynt Middle School

Room/Functional Space

Storage beside Room 7 Partial Ground Floor

## SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input checked="" type="checkbox"/> THERMAL Check One: <input checked="" type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____ Check One: <input checked="" type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed on <input type="checkbox"/> Trowelled on <input type="checkbox"/> Other: _____		<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
Homogeneous ID No. P02	Check One: <input checked="" type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./Ln 6 Ln. Ft.	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3

## Damage Assessment

- ☐ Damaged or ☐ Significantly Damaged  
 Thermal System Insulation  
☐ Damaged Friable Surfacing ACM  
☐ Significantly Damaged Friable Surfacing ACM  
☐ Damaged or ☐ Significantly Damaged  
 Friable Miscellaneous ACM

- ☒ ACBM with Potential for Damage  
☐ ACBM with Potential for Significant Damage  
☐ Any Remaining Friable ACBM  
 or Friable Suspected ACBM

## Response:

 Action(s)  
 Operations and Maintenance

 Date of Response  
 July 1, 1989

 Square/Linear Feet  
 6 linear feet

Remove by

September 1, 1990

6 linear feet

Comments:

## SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other: _____		<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
Homogeneous ID No.	Check One: <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

## Damage Assessment

- ☐ Damaged or ☐ Significantly Damaged  
 Thermal System Insulation  
☐ Damaged Friable Surfacing ACM  
☐ Significantly Damaged Friable Surfacing ACM  
☐ Damaged or ☐ Significantly Damaged  
 Friable Miscellaneous ACM

- ☐ ACBM with Potential for Damage  
☐ ACBM with Potential for Significant Damage  
☐ Any Remaining Friable ACBM  
 or Friable Suspected ACBM

## Response:

Action(s)

Date of Response

Square/Linear Feet

Comments:

ASB-6  
JUN 88New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

FOR STATE USE ONLY

Building Assessed

Pyne Poynt Middle School

Room/Functional Space

Storage across from Room 4 Ground Floor

## SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<b>(X) THERMAL</b> Check One: <input checked="" type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____ Check One: <input checked="" type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		<b>( ) SURFACING</b> Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed on <input type="checkbox"/> Trowelled on <input type="checkbox"/> Other: _____		<b>( ) MISCELLANEOUS</b> <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
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Homogeneous ID No. P02	Check One: <input checked="" type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./Ln 16 Ln. Ft.	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3
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## Damage Assessment

- ☐ Damaged or ☐ Significantly Damaged  
 Thermal System Insulation  
☐ Damaged Friable Surfacing ACM  
☐ Significantly Damaged Friable Surfacing ACM  
☐ Damaged or ☐ Significantly Damaged  
 Friable Miscellaneous ACM

- ☒ ACBM with Potential for Damage  
☐ ACBM with Potential for Significant Damage  
☐ Any Remaining Friable ACBM  
 or Friable Suspected ACBM

## Response:

 Action(s)  
 Operations and Maintenance

 Date of Response  
 July 1, 1989

 Square/Linear Feet  
 16 linear feet

Remove by

September 1, 1990

16 linear feet

ts:

## SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<b>( ) THERMAL</b> Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/ Joint <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		<b>( ) SURFACING</b> Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other: _____		<b>( ) MISCELLANEOUS</b> <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
---	--	---	--	--	--

Homogeneous ID No.	Check One: <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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## Damage Assessment

- ☐ Damaged or ☐ Significantly Damaged  
 Thermal System Insulation  
☐ Damaged Friable Surfacing ACM  
☐ Significantly Damaged Friable Surfacing ACM  
☐ Damaged or ☐ Significantly Damaged  
 Friable Miscellaneous ACM

- ☐ ACBM with Potential for Damage  
☐ ACBM with Potential for Significant Damage  
☐ Any Remaining Friable ACBM  
 or Friable Suspected ACBM

## sponse:

Action(s)

Date of Response

Square/Linear Feet

ments:

ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

FOR STATE USE ONLY

Building Assessed  
Pyne Poynt Middle SchoolRoom/Functional Space  
Storage beside Room 19 Ground Floor

## SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input checked="" type="checkbox"/> THERMAL Check One: <input checked="" type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____ Check One: <input checked="" type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed on <input type="checkbox"/> Trowelled on <input type="checkbox"/> Other: _____		<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
Homogeneous ID No. P02	Check One: <input checked="" type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./Ln 12 Ln. Ft.	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

## Damage Assessment

- ☐ Damaged or ☐ Significantly Damaged  
 Thermal System Insulation  
☐ Damaged Friable Surfacing ACM  
☐ Significantly Damaged Friable Surfacing ACM  
☐ Damaged or ☐ Significantly Damaged  
 Friable Miscellaneous ACM

- ☒ ACBM with Potential for Damage  
☐ ACBM with Potential for Significant Damage  
☐ Any Remaining Friable ACBM  
 or Friable Suspected ACBM

Response:	Action(s)	Date of Response	Square/Linear Feet
	Operations and Maintenance	July 1, 1989	12 linear feet
	Remove by	September 1, 1990	12 linear feet

Comments:

## SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other: _____		<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
Homogeneous ID No.	Check One: <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

## Damage Assessment

- ☐ Damaged or ☐ Significantly Damaged  
 Thermal System Insulation  
☐ Damaged Friable Surfacing ACM  
☐ Significantly Damaged Friable Surfacing ACM  
☐ Damaged or ☐ Significantly Damaged  
 Friable Miscellaneous ACM

- ☐ ACBM with Potential for Damage  
☐ ACBM with Potential for Significant Damage  
☐ Any Remaining Friable ACBM  
 or Friable Suspected ACBM

Response:	Action(s)	Date of Response	Square/Linear Feet

Comments:



ASB-6  
JUN 88

New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360



FOR STATE USE ONLY

ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

Building Assessed  
Pyne Poynt Middle School

Room/Functional Space  
Storage beside Room 30

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<b>X) THERMAL</b> Check One: <input checked="" type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____ Check One: <input checked="" type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		<b>( ) SURFACING</b> Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed on <input type="checkbox"/> Trowelled on <input type="checkbox"/> Other: _____		<b>( ) MISCELLANEOUS</b> <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
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Homogeneous ID No. P02	Check One: <input checked="" type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./Ln 60 Ln. Ft.	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3
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Damage Assessment

- ☐ Damaged or ☐ Significantly Damaged  
 Thermal System Insulation  
☐ Damaged Friable Surfacing ACM  
☐ Significantly Damaged Friable Surfacing ACM  
☐ Damaged or ☐ Significantly Damaged  
 Friable Miscellaneous ACM

- ☒ ACBM with Potential for Damage  
☐ ACBM with Potential for Significant Damage  
☐ Any Remaining Friable ACBM  
 or Friable Suspected ACBM

Response:	Action(s) Operations and Maintenance	Date of Response July 1, 1989	Square/Linear Feet 60 linear feet
	Remove by	September 1, 1990	60 linear feet

Comments:

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<b>( ) THERMAL</b> Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/ Joint <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		<b>( ) SURFACING</b> Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other: _____		<b>( ) MISCELLANEOUS</b> <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
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Homogeneous ID No.	Check One: <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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Damage Assessment

- ☐ Damaged or ☐ Significantly Damaged  
 Thermal System Insulation  
☐ Damaged Friable Surfacing ACM  
☐ Significantly Damaged Friable Surfacing ACM  
☐ Damaged or ☐ Significantly Damaged  
 Friable Miscellaneous ACM

- ☐ ACBM with Potential for Damage  
☐ ACBM with Potential for Significant Damage  
☐ Any Remaining Friable ACBM  
 or Friable Suspected ACBM

Response:	Action(s)	Date of Response	Square/Linear Feet

Comments:

ASB-6  
JUN 89New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

FOR STATE USE ONLY

Building Assessed  
Pyne Poynt Middle SchoolRoom/Functional Space  
Storage beside Room 37

## SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE, PER SHEET)

<b>X) THERMAL</b> Check One: <input checked="" type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____		Check One: <input checked="" type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		<b>( ) SURFACING</b> Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____		Check One: <input type="checkbox"/> Sprayed on <input type="checkbox"/> Trowelled on <input type="checkbox"/> Other: _____		<b>( ) MISCELLANEOUS</b> <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
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homogeneous ID No. P02	Check One: <input checked="" type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./Ln 60 Ln. Ft.	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3
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## Damage Assessment

- ☐ Damaged or ☐ Significantly Damaged Thermal System Insulation  
☐ Damaged Friable Surfacing ACM  
☐ Significantly Damaged Friable Surfacing ACM  
☐ Damaged or ☐ Significantly Damaged Friable Miscellaneous ACM

- ☒ ACBM with Potential for Damage  
☐ ACBM with Potential for Significant Damage  
☐ Any Remaining Friable ACBM or Friable Suspected ACBM

Response:	Action(s)	Date of Response	Square/Linear Feet
	Operations and Maintenance	July 1, 1989	60 linear feet
	Remove by	September 1, 1990	60 linear feet

Comments:

## SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<b>) THERMAL</b> Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/ Joint <input type="checkbox"/> Other: _____		Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		<b>( ) SURFACING</b> Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____		Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other: _____		<b>( ) MISCELLANEOUS</b> <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
--	--	---	--	--	--	---	--	--	--

homogeneous ID No.	Check One: <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
--------------------	--	--	--------------	--	---

## Damage Assessment

- ☐ Damaged or ☐ Significantly Damaged Thermal System Insulation  
☐ Damaged Friable Surfacing ACM  
☐ Significantly Damaged Friable Surfacing ACM  
☐ Damaged or ☐ Significantly Damaged Friable Miscellaneous ACM

- ☐ ACBM with Potential for Damage  
☐ ACBM with Potential for Significant Damage  
☐ Any Remaining Friable ACBM or Friable Suspected ACBM

Response:	Action(s)	Date of Response	Square/Linear Feet

Comments:



FOR STATE USE ONLY

## ASBESTOS MANAGEMENT PLAN - PLAN FOR OPERATIONS AND MAINTENANCE ACTIVITIES

Name of Responsible Governing Authority:  
Camden Board of EducationName of Facility:  
Pyne Poynt Middle SchoolBuilding Assessed:  
Pyne Poynt Middle School

C. Explain a plan for operations and maintenance activities, including periodic surveillance. Include information regarding work practices, equipment, disposal, supplies, repository protection program, medical surveillance, etc.

## Initial Cleaning:

Unless the school building has been cleaned using equivalent methods within the last six months, all areas of a school building where friable ACBM, damaged or significantly damaged thermal system insulation ACBM, or friable assumed ACBM are present shall be cleaned at least once after the completion of the initial inspection and before the initiation of an response action, other than O & M activities and repair (Section 763.91 (c) for specific procedures).

## Section 763.91 (c) Specific Procedures.

- (i) HEPA - vacuum or steam-clean all carpets.
- (ii) HEPA - vacuum or wet-clean all other floors and all other horizontal surfaces.
- (iii) Dispose of all debris, filters, mopheads and cloths in sealed, leak tight containers.

## Major/Minor Fiber Release Episodes:

## (1) Minor fiber release episode.

The local education agency shall ensure that the procedures described below are followed in the event of a minor fiber release episode [i.e. the falling or dislodging of 3 square or linear feet or less of friable ACBM]:

- (i) Thoroughly saturate the debris using wet methods.
- (ii) Clean the area, as described in paragraph (e) of this section.
- (iii) Place the asbestos debris in a sealed, leak-tight container.
- (iv) Repair the area of damaged ACM with materials such as asbestos-free spackling, plaster, cement, or insulation, or seal with latex paint or an encapsulant, or immediately have the appropriate response action implemented as required by 763.90.

## (2) Major fiber release episode.

The local education agency shall ensure that the procedures described below are followed in the event of a major fiber release episode [i.e., the falling or dislodging of more than 3 square or linear feet of friable ACBM]:

- (i) Restrict entry into the area and post signs to prevent entry into the area by persons other than those necessary to perform the response action.
- (ii) Shut off or temporarily modify the air-handling system to prevent the distribution of fibers to other areas in the building.
- (iii) The response action for any major fiber release episode must be designed by persons accredited to design response actions and conducted by persons accredited to conduct response actions.

ASBESTOS INSPECTION AND MANAGEMENT PLAN

FOR THE

CAMDEN BOARD OF EDUCATION

AT THE

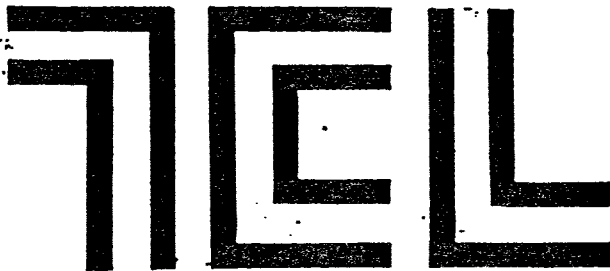
PYNE POYNT MIDDLE SCHOOL

SEVENTH & ERIE STREETS

CAMDEN, NEW JERSEY 08102

Prepared For: Camden Board of Education  
2101 Ferry Street  
1800 Office Building West, 3rd Floor  
Camden, New Jersey 08014  
(609) 962-5800

Prepared By: Testwell Craig Testing Laboratories, Inc.  
565 East Harding Highway  
Mays Landing, New Jersey 08330  
(609) 625-1700



April 1989  
Lab. No. 6214

GENERAL INFORMATION

Name of Facility: Pyne Poynt Middle School

Building Assessed: Pyne Poynt

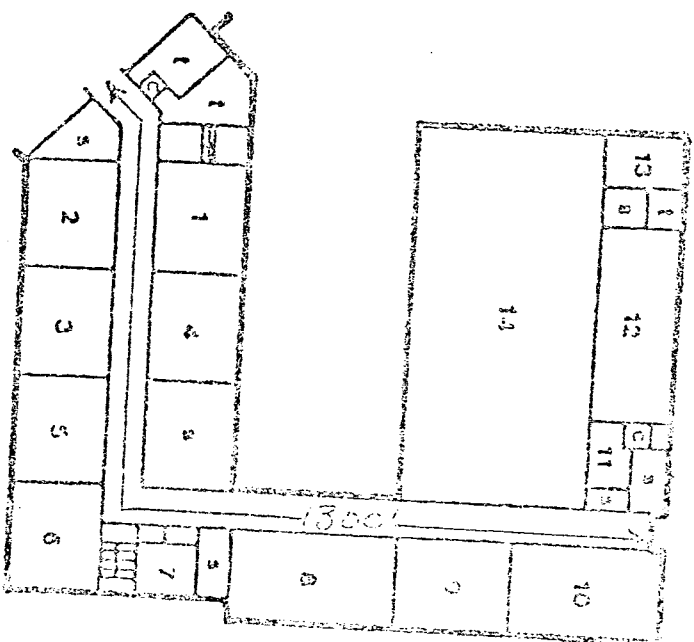
Building Description:

This is a two story, one phase brick building constructed in 1957.

Inspection Summary:

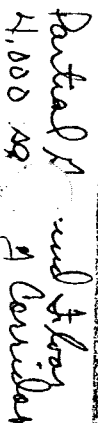
The AHERA inspection was conducted by Mr. John N. Cameron. Mr. Cameron received his certification  
from Robert Wood Johnson School of Medicine. He was assisted by Mr. David Wanton, Environmental  
Technician of Testwell Craig Testing Laboratories, Inc. The inspection was conducted November 11  
and November 14, 1988. There was a total of ninety eight (98) samples taken. All accessible building  
materials were sampled. No destructive sampling was permitted.

no.	area	function
1	705	classroom
2	705	classroom
3	705	classroom
4	705	classroom
5	705	classroom
6	705	classroom
7	240	teachers' room
8	1125	small group
9	750	foods
10	1050	family living
11	180	sewing
12	1150	kitchen
13	275	teachers' dining
14	4990	cafeteria



PARTIAL GROUND FLOOR

—



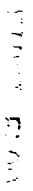
*Pyne Paynt Middle School*

GROUND FLOOR

<u>no.</u>	<u>area</u>	<u>function</u>
1	885	locker room
2	130	office
3	250	team room
4	8135	gymnasium
5	100	office
6	730	locker room
7	1035	fine arts
8	1035	fine arts
9	180	teachers' room
10	120	matron's room
11	720	classroom
12	720	classroom
13	720	classroom
14	720	classroom
15	720	nurse
16	720	classroom
17	160	office
18	80	office
19	150	work room
20	150	vice-principal's office
21	795	general office

<u>no.</u>	<u>area</u>	<u>function</u>
22	180	principal's office
23	400	conference
24	500	guidance
25	720	small group
26	945	music-instrument
27	135	office
28	80	practice room
29	90	practice room
30	730	music-vocal
31	1550	wood
32	150	finishing room
33	150	office
34	1350	metal
35	600	electronics
36	1290	graphic arts
37	530	small group
38	1800	f.m.c.
39	460	work room
40	6690	auditorium
41	1950	stage



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New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360



## ASBESTOS MANAGEMENT PLAN - INSPECTION COVER SHEET

FOR STATE USE ONLY

Name of Responsible Governing Authority Camden Board of Education	Telephone Number (609) 962-5800
--	------------------------------------

Address  
2101 Ferry Avenue, 1800 Office Building West, 3rd. Floor, Camden, New Jersey 08014

Name of Facility Byrne Poynt Middle School	Telephone Number (609) 962-2002
---	------------------------------------

Building Assessed Byrne Poynt Middle School	Telephone Number (609) 962-2002
--	------------------------------------

Address  
Seventh and Erie Streets, Camden, New Jersey 08102

Asbestos Program Manager Robert Banscher	Telephone Number (609) 962-5800
---	------------------------------------

Address  
101 Ferry Avenue, 1800 Office Building West, 3rd. Floor, Camden, New Jersey 08014

Original Year of Building Construction  
1957

List Date(s) of Additional Construction (These dates should be incorporated as appropriate into inspection forms for each room/functional area)

Date

Description

_____	_____
_____	_____
_____	_____

Type of Heating System: Hot Water

Has any part of the heating system, including boiler(s), hot water pipes, water heater, etc., been renovated or replaced?  
( ) Yes (X) No

List areas affected and year(s)

Description/Location of Action

Year

_____	_____
_____	_____
_____	_____

## INSPECTORS/ASSESSORS

1	Name: John N. Cameron	Address: 565 East Harding Highway Mays Landing, NJ 08330	Telephone Number (609) 625-1700
	Affiliation: Testwell Craig Testing Laboratories, Inc.	State of Accreditation/Acc. No. NJ/RWJ0084A	Signature <i>John Cameron</i>
2	Name:	Address:	Telephone Number ( )
	Affiliation:	State of Accreditation/Acc. No.:	Signature _____
3	Name:	Address:	Telephone Number ( )
	Affiliation:	State of Accreditation/Acc. No.:	Signature _____

ASB-4  
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New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360  
ROOM/FUNCTIONAL SPACE INSPECTION



FOR STATE USE ONLY

Building Assessed  
Pyne Poynt Middle School

Room/Functional Space  
Classroom 7

Date of Construction  
1957

Type of Material (Only ONE type may be checked per individual page:  
see instructions)

( ) Surfacing ( ) Thermal (X) Miscellaneous

Material

( ) Friable (X) Non-Friable

Description

3" x 9" Green Floor Tile

Square/Linear Footage  
1,035 Square Feet

Percent of Area  
100%

Homogenous ID No.  
F01

Damage Assessment

Type of Damage	YES	NO	Amount (Square/Linear Feet)	Comments (Severity, Cause)
Deterioration	( )	(X)		
Delamination	( )	(X)		
Water	( )	(X)		
Physical	( )	(X)		
Other	( )	(X)		

Extent of Damage ( ) Localized ( ) Distributed	Is dust/debris present? ( ) Yes (X) No	Location
--	---	----------

Was bulk/surface material obtained (X) Yes ( ) No	If surfacing material, is dust/debris released when material is brushed by hand using moderate pressure? ( ) Yes ( ) No
--	---

Accessibility (More than 1 possible answer: see instructions) ( ) 1 ( ) 2 (X) 3	Comments
---	----------

Is there a potential for disturbance of this material? (X) Yes ( ) No	Explain Sanding of Floors
---	------------------------------

Is this material in an air plenum or exposed to an air stream? ( ) Yes (X) No	Explain
---	---------

Degree of Damage

( ) Damage or ( ) Significantly Damaged  
Thermal System Insulation  
( ) Damaged Friable Surfacing ACM  
( ) Significantly Damaged Friable Surfacing ACM  
( ) Damaged or ( ) Significantly Damaged  
Friable Miscellaneous ACM

(X) ACBM With Potential for Damage  
( ) ACBM With Potential for Significant Damage  
( ) Any Remaining Friable ACBM  
or Friable Suspected ACBM

Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

*John Conner*

ASB-4

New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360  
ROOM/FUNCTIONAL SPACE INSPECTION



FOR STATE USE ONLY

Building Assessed  
Dyne Poynt Middle School

Room/Functional Space  
Nurses Classroom 15

Date of Construction  
1957

Type of Material (Only ONE type may be checked per individual page:  
see instructions)

( ) Surfacing ( ) Thermal (X) Miscellaneous

Material

( ) Friable (x) Non-Friable

Description

2" x 9" Green Floor Tile

Square/Linear Footage  
720 Square Feet

Percent of Area  
100%

Homogenous ID No.  
F01

Damage Assessment

Type of Damage	YES	NO	Amount (Square/Linear Feet)	Comments (Severity, Cause)
Deterioration	( )	(X)		
Delamination	( )	(X)		
Water	( )	(X)		
Physical	( )	(X)		
Other	( )	(X)		

Extent of Damage  
( ) Localized  
( ) Distributed

Is dust/debris present?  
( ) Yes (X) No

Location

Was bulk/surface material obtained  
(X) Yes ( ) No

If surfacing material, is dust/debris released when  
material is brushed by hand using moderate pressure?  
( ) Yes ( ) No

Accessibility (More than 1 possible  
answer: see instructions)  
( ) 1 ( ) 2 (X) 3

Comments

Is there a potential for disturbance of  
this material?  
(X) Yes ( ) No

Explain  
Sanding of Floors

Is this material in an air plenum or  
exposed to an air stream?  
( ) Yes (X) No

Explain

Degree of Damage

( ) Damage or ( ) Significantly Damaged  
Thermal System Insulation  
( ) Damaged Friable Surfacing ACM  
( ) Significantly Damaged Friable Surfacing ACM  
( ) Damaged or ( ) Significantly Damaged  
Friable Miscellaneous ACM

(X) ACBM With Potential for Damage  
( ) ACBM With Potential for Significant Damage  
( ) Any Remaining Friable ACBM  
or Friable Suspected ACBM

Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

*John Conner*

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New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360  
ROOM/FUNCTIONAL SPACE INSPECTION



FOR STATE USE ONLY

Building Assessed  
Poynt Middle School

Room/Functional Space  
Classroom 17 (Office)

Date of Construction  
1957

Type of Material (Only ONE type may be checked per individual page:  
see instructions)

( ) Surfacing ( ) Thermal (X) Miscellaneous

Material

( ) Friable (X) Non-Friable

Description

1' x 9" Green Floor Tile

Square/Linear Footage  
60 Square Feet

Percent of Area  
100%

Homogenous ID No.  
F01

Damage Assessment

Type of Damage	YES	NO	Amount (Square/Linear Feet)	Comments (Severity, Cause)
Deterioration	( )	(X)		
Delamination	( )	(X)		
Water	( )	(X)		
Physical	( )	(X)		
Other	( )	(X)		

Extent of Damage  
( ) Localized  
( ) Distributed

Is dust/debris present?  
( ) Yes (X) No

Location

Is bulk/surface material obtained  
(X) Yes ( ) No

If surfacing material, is dust/debris released when  
material is brushed by hand using moderate pressure?  
( ) Yes ( ) No

Accessibility (More than 1 possible  
answer: see instructions)  
( ) 1 ( ) 2 (X) 3

Comments

Is there a potential for disturbance of  
this material?  
(X) Yes ( ) No

Explain  
Sanding of Floors

Is this material in an air plenum or  
exposed to an air stream?  
( ) Yes (X) No

Explain

Degree of Damage

( ) Damage or ( ) Significantly Damaged  
Thermal System Insulation  
( ) Damaged Friable Surfacing ACM  
( ) Significantly Damaged Friable Surfacing ACM  
( ) Damaged or ( ) Significantly Damaged  
Friable Miscellaneous ACM

(X) ACBM With Potential for Damage  
( ) ACBM With Potential for Significant Damage  
( ) Any Remaining Friable ACBM  
or Friable Suspected ACBM

Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

*John Conner*

New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360  
ROOM/FUNCTIONAL SPACE INSPECTION



FOR STATE USE ONLY

Building Assessed  
Pyne Poynt Middle School

Room/Functional Space  
Classroom 18

Date of Construction  
1957

Type of Material (Only ONE type may be check per individual page:  
see instructions)

( ) Surfacing ( ) Thermal (X) Miscellaneous

Material

( ) Friable (x) Non-Friable

Description

2" x 9" Green Floor Tile

Square/Linear Footage  
80 Square Feet

Percent of Area  
100%

Homogenous ID No.  
F01

Damage Assessment

Type of Damage	YES	NO	Amount (Square/Linear Feet)	Comments (Severity, Cause)
Deterioration	( )	(X)		
Delamination	( )	(X)		
Water	( )	(X)		
Physical	( )	(X)		
Other	( )	(X)		

Extent of Damage  
( ) Localized  
( ) Distributed

Is dust/debris present?  
( ) Yes (X) No

Location

Was bulk/surface material obtained  
(X) Yes ( ) No

If surfacing material, is dust/debris released when  
material is brushed by hand using moderate pressure?  
( ) Yes ( ) No

Accessibility (More than 1 possible  
answer: see instructions)  
( ) 1 ( ) 2 (X) 3

Comments

Is there a potential for disturbance of  
this material?  
(X) Yes ( ) No

Explain  
Sanding of Floors

Is this material in an air plenum or  
exposed to an air stream?  
( ) Yes (X) No

Explain

Degree of Damage

( ) Damage or ( ) Significantly Damaged  
Thermal System Insulation  
( ) Damaged Friable Surfacing ACM  
( ) Significantly Damaged Friable Surfacing ACM  
( ) Damaged or ( ) Significantly Damaged  
Friable Miscellaneous ACM

(X) ACBM With Potential for Damage  
( ) ACBM With Potential for Significant Damage  
( ) Any Remaining Friable ACBM  
or Friable Suspected ACBM

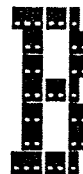
Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

*John Conner*

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New Jersey State Department of Health  
 Asbestos Control Service  
 CN 360, Trenton, NJ 08625-0360  
 ROOM/FUNCTIONAL SPACE INSPECTION



FOR STATE USE ONLY

 Building Assessed  
 Dyne Poynt Middle School

 Room/Functional Space  
 Classroom 19

 Date of Construction  
 1957

 Type of Material (Only ONE type may be checked per individual page:  
 see instructions)

( ) Surfacing ( ) Thermal (X) Miscellaneous

Material

( ) Friable (x) Non-Friable

Description

12" x 9" Green Floor Tile

 Square/Linear Footage  
 150 Square Feet

 Percent of Area  
 100%

 Homogenous ID No.  
 F01

Damage Assessment

Type of Damage	YES	NO	Amount (Square/Linear Feet)	Comments (Severity, Cause)
Deterioration	( )	(X)	_____	_____
Delamination	( )	(X)	_____	_____
Water	( )	(X)	_____	_____
Physical	( )	(X)	_____	_____
Other _____	( )	(X)	_____	_____

 Extent of Damage  
 ( ) Localized  
 ( ) Distributed

 Is dust/debris present?  
 ( ) Yes (X) No

Location

 Was bulk/surface material obtained  
 (X) Yes ( ) No

 If surfacing material, is dust/debris released when  
 material is brushed by hand using moderate pressure?  
 ( ) Yes ( ) No

 Accessibility (More than 1 possible  
 answer: see instructions)  
 ( ) 1 ( ) 2 (X) 3

Comments

 Is there a potential for disturbance of  
 this material?  
 (X) Yes ( ) No

 Explain  
 Sanding of Floors

 Is this material in an air plenum or  
 exposed to an air stream?  
 ( ) Yes (X) No

Explain

Degree of Damage

 ( ) Damage or ( ) Significantly Damaged  
 Thermal System Insulation  
 ( ) Damaged Friable Surfacing ACM  
 ( ) Significantly Damaged Friable Surfacing ACM  
 ( ) Damaged or ( ) Significantly Damaged  
 Friable Miscellaneous ACM

 (X) ACBM With Potential for Damage  
 ( ) ACBM With Potential for Significant Damage  
 ( ) Any Remaining Friable ACBM  
 or Friable Suspected ACBM

Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ASB-4

New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360



## ROOM/FUNCTIONAL SPACE INSPECTION

FOR STATE USE ONLY

Building Assessed  
Pyne Poynt Middle School

Room/Functional Space  
Classroom 23

Date of Construction  
1957

Type of Material (Only ONE type may be checked per individual page:  
see instructions)

( ) Surfacing ( ) Thermal (X) Miscellaneous

Material

( ) Friable (x) Non-Friable

## Description

9" x 9" Green Floor Tile

Square/Linear Footage  
400 Square Feet

Percent of Area  
100%

Homogenous ID No.  
F01

## Damage Assessment

Type of Damage	YES	NO	Amount (Square/Linear Feet)	Comments (Severity, Cause)
Deterioration	( )	(X)	_____	_____
Delamination	( )	(X)	_____	_____
Water	( )	(X)	_____	_____
Physical	( )	(X)	_____	_____
Other _____	( )	(X)	_____	_____

Extent of Damage  
( ) Localized  
( ) Distributed

Is dust/debris present?  
( ) Yes (X) No

Location

Was bulk/surface material obtained  
(X) Yes ( ) No

If surfacing material, is dust/debris released when  
material is brushed by hand using moderate pressure?  
( ) Yes ( ) No

Accessibility (More than 1 possible  
answer: see instructions)  
( ) 1 ( ) 2 (X) 3

Comments

Is there a potential for disturbance of  
this material?  
(X) Yes ( ) No

Explain  
Sanding of Floors

Is this material in an air plenum or  
exposed to an air stream?  
( ) Yes (X) No

Explain

## Degree of Damage

( ) Damage or ( ) Significantly Damaged  
Thermal System Insulation  
( ) Damaged Friable Surfacing ACM  
( ) Significantly Damaged Friable Surfacing ACM  
( ) Damaged or ( ) Significantly Damaged  
Friable Miscellaneous ACM

(X) ACBM With Potential for Damage  
( ) ACBM With Potential for Significant Damage  
( ) Any Remaining Friable ACBM  
or Friable Suspected ACBM

Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

*John Conner*



ASB-4  
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New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360  
ROOM/FUNCTIONAL SPACE INSPECTION



FOR STATE USE ONLY

Building Assessed  
Pyne Poynt Middle School

Room/Functional Space  
Classroom 26

Date of Construction  
1957

Type of Material (Only ONE type may be check per individual page:  
see instructions)

( ) Surfacing ( ) Thermal (X) Miscellaneous

Material

( ) Friable (x) Non-Friable

Description

9" x 9" Green Floor Tile

Square/Linear Footage  
945 Square Feet

Percent of Area  
100%

Homogenous ID No.  
F01

Damage Assessment

Type of Damage	YES	NO	Amount (Square/Linear Feet)	Comments (Severity, Cause)
Deterioration	( )	(X)		
Delamination	( )	(X)		
Water	( )	(X)		
Physical	( )	(X)		
Other	( )	(X)		

Extent of Damage  
( ) Localized  
( ) Distributed

Is dust/debris present?  
( ) Yes (X) No

Location

Was bulk/surface material obtained  
(X) Yes ( ) No

If surfacing material, is dust/debris released when  
material is brushed by hand using moderate pressure?  
( ) Yes ( ) No

Accessibility (More than 1 possible  
answer: see instructions)  
( ) 1 ( ) 2 (X) 3

Comments

Is there a potential for disturbance of  
this material?  
(X) Yes ( ) No

Explain

Sanding of Floors

Is this material in an air plenum or  
exposed to an air stream?  
( ) Yes (X) No

Explain

Degree of Damage

( ) Damage or ( ) Significantly Damaged  
Thermal System Insulation  
( ) Damaged Friable Surfacing ACM  
( ) Significantly Damaged Friable Surfacing ACM  
( ) Damaged or ( ) Significantly Damaged  
Friable Miscellaneous ACM

(X) ACBM With Potential for Damage  
( ) ACBM With Potential for Significant Damage  
( ) Any Remaining Friable ACBM  
or Friable Suspected ACBM

Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

*John Conroy*

ASB-4

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Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360



## ROOM/FUNCTIONAL SPACE INSPECTION

FOR STATE USE ONLY

Building Assessed  
Pyne Poynt Middle School

Room/Functional Space  
Classroom 30

Date of Construction  
1957

Type of Material (Only ONE type may be checked per individual page:  
see instructions)

( ) Surfacing ( ) Thermal (X) Miscellaneous

Material

( ) Friable (X) Non-Friable

Description

36" x 9" Green Floor Tile

Square/Linear Footage  
730 Square Feet

Percent of Area  
100%

Homogenous ID No.  
F01

## Damage Assessment

Type of Damage	YES	NO	Amount (Square/Linear Feet)	Comments (Severity, Cause)
Deterioration	( )	(X)		
Delamination	( )	(X)		
Water	( )	(X)		
Physical	( )	(X)		
Other	( )	(X)		

Extent of Damage  
( ) Localized  
( ) Distributed

Is dust/debris present?  
( ) Yes (X) No

Location

Has bulk/surface material obtained  
(X) Yes ( ) No

If surfacing material, is dust/debris released when  
material is brushed by hand using moderate pressure?  
( ) Yes ( ) No

Accessibility (More than 1 possible  
answer: see instructions)  
( ) 1 ( ) 2 (X) 3

Comments

Is there a potential for disturbance of  
this material?  
(X) Yes ( ) No

Explain  
Sanding of Floors

Is this material in an air plenum or  
exposed to an air stream?  
( ) Yes (X) No

Explain

## Degree of Damage

( ) Damage or ( ) Significantly Damaged  
Thermal System Insulation  
( ) Damaged Friable Surfacing ACM  
( ) Significantly Damaged Friable Surfacing ACM  
( ) Damaged or ( ) Significantly Damaged  
Friable Miscellaneous ACM

(X) ACBM With Potential for Damage  
( ) ACBM With Potential for Significant Damage  
( ) Any Remaining Friable ACBM  
or Friable Suspected ACBM

Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

*John Conner*

New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360  
ROOM/FUNCTIONAL SPACE INSPECTION



FOR STATE USE ONLY

Building Assessed  
Poynt Middle School

Room/Functional Space  
Classroom 31

Date of Construction  
1957

Type of Material (Only ONE type may be checked per individual page:  
see instructions)  
☐ Surfacing ☐ Thermal ☒ Miscellaneous

Material  
☐ Friable ☒ Non-Friable

Description

12" x 9" Green Floor Tile

Square/Linear Footage  
1,550 Square Feet

Percent of Area  
100%

Homogenous ID No.  
F01

Damage Assessment

Type of Damage	YES	NO	Amount (Square/Linear Feet)	Comments (Severity, Cause)
Deterioration	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Delamination	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Water	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Physical	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

Extent of Damage  
☐ Localized  
☐ Distributed

Is dust/debris present?  
☐ Yes ☒ No

Location

Was bulk/surface material obtained?  
☒ Yes ☐ No

If surfacing material, is dust/debris released when  
material is brushed by hand using moderate pressure?  
☐ Yes ☐ No

Accessibility (More than 1 possible  
answer: see instructions)  
☐ 1 ☐ 2 ☒ 3

Comments

Is there a potential for disturbance of  
this material?  
☒ Yes ☐ No

Explain  
Sanding of Floors

Is this material in an air plenum or  
exposed to an air stream?  
☐ Yes ☒ No

Explain

Degree of Damage

☐ Damage or ☐ Significantly Damaged  
Thermal System Insulation  
☐ Damaged Friable Surfacing ACM  
☐ Significantly Damaged Friable Surfacing ACM  
☐ Damaged or ☐ Significantly Damaged  
Friable Miscellaneous ACM

☒ ACBM With Potential for Damage  
☐ ACBM With Potential for Significant Damage  
☐ Any Remaining Friable ACBM  
or Friable Suspected ACBM

Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

*John Conroy*

ASB-4  
 03

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 CN 360, Trenton, NJ 08625-0360  
 ROOM/FUNCTIONAL SPACE INSPECTION



FOR STATE USE ONLY

 Building Assessed  
 Pyne Poynt Middle School

 Room/Functional Space  
 Storage Room

 Date of Construction  
 1957

 Type of Material (Only ONE type may be checked per individual page:  
 see instructions)

( ) Surfacing ( ) Thermal (X) Miscellaneous

Material

( ) Friable (X) Non-Friable

Description

12" x 9" Tan Floor Tile

 Square/Linear Footage  
 180 Square Feet

 Percent of Area  
 100%

 Homogenous ID No.  
 F05

Damage Assessment

Type of Damage	YES	NO	Amount (Square/Linear Feet)	Comments (Severity, Cause)
Deterioration	( )	(X)		
Delamination	( )	(X)		
Water	( )	(X)		
Physical	( )	(X)		
Other	( )	(X)		

 Extent of Damage  
 ( ) Localized  
 ( ) Distributed

Is dust/debris present?

( ) Yes (X) No

Location

Was bulk/surface material obtained

(X) Yes ( ) No

 If surfacing material, is dust/debris released when  
 material is brushed by hand using moderate pressure?  
 ( ) Yes ( ) No

 Accessibility (More than 1 possible  
 answer: see instructions)  
 ( ) 1 ( ) 2 (X) 3

Comments

 Is there a potential for disturbance of  
 this material?

(X) Yes ( ) No

Explain

Sanding of Floors

 Is this material in an air plenum or  
 exposed to an air stream?

( ) Yes (X) No

Explain

Degree of Damage

 ( ) Damage or ( ) Significantly Damaged  
 Thermal System Insulation  
 ( ) Damaged Friable Surfacing ACM  
 ( ) Significantly Damaged Friable Surfacing ACM  
 ( ) Damaged or ( ) Significantly Damaged  
 Friable Miscellaneous ACM

 (X) ACBM With Potential for Damage  
 ( ) ACBM With Potential for Significant Damage  
 ( ) Any Remaining Friable ACBM  
 or Friable Suspected ACBM

Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

ASB-4  
08/08

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ROOM/FUNCTIONAL SPACE INSPECTION



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Building Assessed  
Pyne Poynt Middle School

Room/Functional Space  
Classroom Closet near Classroom 9

Date of Construction  
1957

Type of Material (Only ONE type may be checked per individual page:  
see instructions)

( ) Surfacing ( ) Thermal (X) Miscellaneous

Material

( ) Friable (X) Non-Friable

Description

2" x 9" Tan Floor Tile

Square/Linear Footage  
90 Square Feet

Percent of Area  
100%

Homogenous ID No.  
F05

Damage Assessment

Type of Damage	YES	NO	Amount (Square/Linear Feet)	Comments (Severity, Cause)
Deterioration	( )	(X)		
Delamination	( )	(X)		
Water	( )	(X)		
Physical	( )	(X)		
Other	( )	(X)		

Extent of Damage  
( ) Localized  
( ) Distributed

Is dust/debris present?  
( ) Yes (X) No

Location

Was bulk/surface material obtained  
(X) Yes ( ) No

If surfacing material, is dust/debris released when  
material is brushed by hand using moderate pressure?  
( ) Yes ( ) No

Accessibility (More than 1 possible  
answer: see instructions)  
( ) 1 ( ) 2 (X) 3

Comments

Is there a potential for disturbance of  
this material?  
(X) Yes ( ) No

Explain  
Sanding of Floors

Is this material in an air plenum or  
exposed to an air stream?  
( ) Yes (X) No

Explain

Degree of Damage

( ) Damage or ( ) Significantly Damaged  
Thermal System Insulation  
( ) Damaged Friable Surfacing ACM  
( ) Significantly Damaged Friable Surfacing ACM  
( ) Damaged or ( ) Significantly Damaged  
Friable Miscellaneous ACM

(X) ACBM With Potential for Damage  
( ) ACBM With Potential for Significant Damage  
( ) Any Remaining Friable ACBM  
or Friable Suspected ACBM

Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

*John Conner*

SS-4

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Asbestos Control Service  
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ROOM/FUNCTIONAL SPACE INSPECTION



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Building Assessed  
Poynt Middle School

Room/Functional Space  
Classroom Closet near Classroom 21

Date of Construction  
1957

Type of Material (Only ONE type may be checked per individual page:  
see instructions)  
( ) Surfacing ( ) Thermal (X) Miscellaneous

Material  
( ) Friable (x) Non-Friable

Description

12 x 9" Tan Floor Tile

Square/Linear Footage  
20 Square Feet

Percent of Area  
100%

Homogenous ID No.  
F05

Damage Assessment

Type of Damage	YES	NO	Amount (Square/Linear Feet)	Comments (Severity, Cause)
Deterioration	( )	(X)		
Delamination	( )	(X)		
Water	( )	(X)		
Physical	( )	(X)		
Other	( )	(X)		

Extent of Damage  
( ) Localized  
( ) Distributed

Is dust/debris present?  
( ) Yes (X) No

Location

Is bulk/surface material obtained  
(X) Yes ( ) No

If surfacing material, is dust/debris released when  
material is brushed by hand using moderate pressure?  
( ) Yes ( ) No

Accessibility (More than 1 possible  
answer: see instructions)  
( ) 1 ( ) 2 (X) 3

Comments

Is there a potential for disturbance of  
this material?  
(X) Yes ( ) No

Explain  
Sanding of Floors

Is this material in an air plenum or  
exposed to an air stream?  
( ) Yes (X) No

Explain

Degree of Damage

( ) Damage or ( ) Significantly Damaged  
Thermal System Insulation  
( ) Damaged Friable Surfacing ACM  
( ) Significantly Damaged Friable Surfacing ACM  
( ) Damaged or ( ) Significantly Damaged  
Friable Miscellaneous ACM

(X) ACBM With Potential for Damage  
( ) ACBM With Potential for Significant Damage  
( ) Any Remaining Friable ACBM  
or Friable Suspected ACBM

Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

*John Conner*

SB-4

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Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360  
ROOM/FUNCTIONAL SPACE INSPECTION



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Building Assessed  
Tynes Poynt Middle School

Room/Functional Space  
Storage Closet near Classroom 7

Date of Construction  
1957

Type of Material (Only ONE type may be checked per individual page:  
see instructions)

( ) Surfacing ( ) Thermal (X) Miscellaneous

Material

( ) Friable (X) Non-Friable

Description

12" x 9" Gray Floor Tile

Square/Linear Footage  
75 Square Feet

Percent of Area  
100%

Homogenous ID No.  
F07

Damage Assessment

Type of Damage	YES	NO	Amount (Square/Linear Feet)	Comments (Severity, Cause)
Deterioration	( )	(X)		
Delamination	( )	(X)		
Water	( )	(X)		
Physical	( )	(X)		
Other	( )	(X)		

Extent of Damage  
( ) Localized  
( ) Distributed

Is dust/debris present?  
( ) Yes (X) No

Location

Has bulk/surface material obtained  
(X) Yes ( ) No

If surfacing material, is dust/debris released when  
material is brushed by hand using moderate pressure?  
( ) Yes ( ) No

Accessibility (More than 1 possible  
answer: see instructions)  
( ) 1 ( ) 2 (X) 3

Comments

Is there a potential for disturbance of  
this material?  
(X) Yes ( ) No

Explain  
Sanding of Floors

Is this material in an air plenum or  
exposed to an air stream?  
( ) Yes (X) No

Explain

Degree of Damage

( ) Damage or ( ) Significantly Damaged  
Thermal System Insulation  
( ) Damaged Friable Surfacing ACM  
( ) Significantly Damaged Friable Surfacing ACM  
( ) Damaged or ( ) Significantly Damaged  
Friable Miscellaneous ACM

(X) ACBM With Potential for Damage  
( ) ACBM With Potential for Significant Damage  
( ) Any Remaining Friable ACBM  
or Friable Suspected ACBM

Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

*John Conner*

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Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360  
ROOM/FUNCTIONAL SPACE INSPECTION



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Building Assessed  
Byrne Poynt Middle School

Room/Functional Space  
Storage Closet near Classroom 39

Date of Construction  
1957

Type of Material (Only ONE type may be checked per individual page:  
see instructions)

( ) Surfacing ( ) Thermal (X) Miscellaneous

Material

( ) Friable (X) Non-Friable

Description

12" x 9" Gray Floor Tile

Square/Linear Footage  
80 Square Feet

Percent of Area  
100%

Homogenous ID No.  
F07

Damage Assessment

Type of Damage	YES	NO	Amount (Square/Linear Feet)	Comments (Severity, Cause)
Deterioration	( )	(X)		
Delamination	( )	(X)		
Water	( )	(X)		
Physical	( )	(X)		
Other	( )	(X)		

Extent of Damage  
( ) Localized  
( ) Distributed

Is dust/debris present?  
( ) Yes (X) No

Location

Has bulk/surface material obtained  
(X) Yes ( ) No

If surfacing material, is dust/debris released when  
material is brushed by hand using moderate pressure?  
( ) Yes ( ) No

Accessibility (More than 1 possible  
answer: see instructions)  
( ) 1 ( ) 2 (X) 3

Comments

Is there a potential for disturbance of  
this material?  
(X) Yes ( ) No

Explain  
Sanding of Floors

Is this material in an air plenum or  
exposed to an air stream?  
( ) Yes (X) No

Explain

Degree of Damage

( ) Damage or ( ) Significantly Damaged  
Thermal System Insulation  
( ) Damaged Friable Surfacing ACM  
( ) Significantly Damaged Friable Surfacing ACM  
( ) Damaged or ( ) Significantly Damaged  
Friable Miscellaneous ACM

(X) ACBM With Potential for Damage  
( ) ACBM With Potential for Significant Damage  
( ) Any Remaining Friable ACBM  
or Friable Suspected ACBM

Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

*John Conner*



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CN 360, Trenton, NJ 08625-0360  
ROOM/FUNCTIONAL SPACE INSPECTION



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Building Assessed  
Pyne Poynt Middle School

Room/Functional Space  
Classroom 38

Date of Construction  
1957

Type of Material (Only ONE type may be checked per individual page:  
see instructions)

( ) Surfacing ( ) Thermal (X) Miscellaneous

Material

( ) Friable (X) Non-Friable

Description

12" x 9" Gray Floor Tile

Square/Linear Footage  
1,800 Square Feet

Percent of Area  
100%

Homogenous ID No.  
F07

Damage Assessment

Type of Damage	YES	NO	Amount (Square/Linear Feet)	Comments (Severity, Cause)
Deterioration	( )	(X)		
Delamination	( )	(X)		
Water	( )	(X)		
Physical	( )	(X)		
Other	( )	(X)		

Extent of Damage  
( ) Localized  
( ) Distributed

Is dust/debris present?  
( ) Yes (X) No

Location

Was bulk/surface material obtained  
(X) Yes ( ) No

If surfacing material, is dust/debris released when  
material is brushed by hand using moderate pressure?  
( ) Yes ( ) No

Accessibility (More than 1 possible  
answer: see instructions)  
( ) 1 ( ) 2 (X) 3

Comments

Is there a potential for disturbance of  
this material?  
(X) Yes ( ) No

Explain  
Sanding of Floors

Is this material in an air plenum or  
exposed to an air stream?  
( ) Yes (X) No

Explain

Degree of Damage

( ) Damage or ( ) Significantly Damaged  
Thermal System Insulation  
( ) Damaged Friable Surfacing ACM  
( ) Significantly Damaged Friable Surfacing ACM  
( ) Damaged or ( ) Significantly Damaged  
Friable Miscellaneous ACM

(X) ACBM With Potential for Damage  
( ) ACBM With Potential for Significant Damage  
( ) Any Remaining Friable ACBM  
or Friable Suspected ACBM

Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

*John Conner*

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Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360  
ROOM/FUNCTIONAL SPACE INSPECTION



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Building Assessed  
Pyne Poynt Middle School

Room/Functional Space  
Auditorium

Date of Construction  
1957

Type of Material (Only ONE type may be checked per individual page:  
see instructions)

( ) Surfacing ( ) Thermal (X) Miscellaneous

Material

( ) Friable (x) Non-Friable

Description

2" x 9" Pink-Red Floor Tile

Square/Linear Footage  
5,690 Square Feet

Percent of Area  
100%

Homogenous ID No.  
F08

Damage Assessment

Type of Damage	YES	NO	Amount (Square/Linear Feet)	Comments (Severity, Cause)
Deterioration	( )	(X)		
Delamination	( )	(X)		
Water	( )	(X)		
Physical	( )	(X)		
Other	( )	(X)		

Extent of Damage  
( ) Localized  
( ) Distributed

Is dust/debris present?  
( ) Yes (X) No

Location

Was bulk/surface material obtained  
(X) Yes ( ) No

If surfacing material, is dust/debris released when  
material is brushed by hand using moderate pressure?  
( ) Yes ( ) No

Accessibility (More than 1 possible  
answer: see instructions)  
( ) 1 ( ) 2 (X) 3

Comments

Is there a potential for disturbance of  
this material?  
(X) Yes ( ) No

Explain  
Sanding of Floors

Is this material in an air plenum or  
exposed to an air stream?  
( ) Yes (X) No

Explain

Degree of Damage

( ) Damage or ( ) Significantly Damaged  
Thermal System Insulation  
( ) Damaged Friable Surfacing ACM  
( ) Significantly Damaged Friable Surfacing ACM  
( ) Damaged or ( ) Significantly Damaged  
Friable Miscellaneous ACM

(X) ACBM With Potential for Damage  
( ) ACBM With Potential for Significant Damage  
( ) Any Remaining Friable ACBM  
or Friable Suspected ACBM

Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

*John Conover*

SB-4

New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360  
ROOM/FUNCTIONAL SPACE INSPECTION



FOR STATE USE ONLY

Building Assessed  
Poynt Middle School

Room/Functional Space  
Cafeteria

Date of Construction  
1957

Type of Material (Only ONE type may be checked per individual page:  
see instructions)

( ) Surfacing ( ) Thermal (X) Miscellaneous

Material

( ) Friable (X) Non-Friable

Description

12" x 9" Pink-Red Floor Tile

Square/Linear Footage  
1,990 Square Feet

Percent of Area  
100%

Homogenous ID No.  
F08

Damage Assessment

Type of Damage	YES	NO	Amount (Square/Linear Feet)	Comments (Severity, Cause)
Deterioration	( )	(X)		
Delamination	( )	(X)		
Water	( )	(X)		
Physical	( )	(X)		
Other	( )	(X)		

Extent of Damage  
( ) Localized  
( ) Distributed

Is dust/debris present?  
( ) Yes (X) No

Location

Is bulk/surface material obtained  
(X) Yes ( ) No

If surfacing material, is dust/debris released when  
material is brushed by hand using moderate pressure?  
( ) Yes ( ) No

Accessibility (More than 1 possible  
answer: see instructions)  
( ) 1 ( ) 2 (X) 3

Comments

Is there a potential for disturbance of  
this material?  
(X) Yes ( ) No

Explain  
Sanding of Floors

Is this material in an air plenum or  
exposed to an air stream?  
( ) Yes (X) No

Explain

Degree of Damage

( ) Damage or ( ) Significantly Damaged  
Thermal System Insulation  
( ) Damaged Friable Surfacing ACM  
( ) Significantly Damaged Friable Surfacing ACM  
( ) Damaged or ( ) Significantly Damaged  
Friable Miscellaneous ACM

(X) ACBM With Potential for Damage  
( ) ACBM With Potential for Significant Damage  
( ) Any Remaining Friable ACBM  
or Friable Suspected ACBM

Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

*John Conner*

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Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360  
ROOM/FUNCTIONAL SPACE INSPECTION



FOR STATE USE ONLY

Building Assessed  
Pyne Poynt Middle School

Room/Functional Space  
Crawlspace

Date of Construction  
1957

Type of Material (Only ONE type may be check per individual page:  
see instructions)

( ) Surfacing (X) Thermal ( ) Miscellaneous

Material

(X) Friable ( ) Non-Friable

Description

Pipe Insulation

Square/Linear Footage  
300 Linear Feet

Percent of Area  
100%

Homogenous ID No.  
P01

Damage Assessment

Type of Damage	YES	NO	Amount (Square/Linear Feet)	Comments (Severity, Cause)
Deterioration	( )	(X)		
Delamination	( )	(X)		
Water	( )	(X)		
Physical	( )	(X)		
Other	( )	(X)		

Extent of Damage  
( ) Localized  
( ) Distributed

Is dust/debris present?  
( ) Yes (X) No

Location

Has bulk/surface material obtained  
(X) Yes ( ) No

If surfacing material, is dust/debris released when  
material is brushed by hand using moderate pressure?  
( ) Yes ( ) No

Accessibility (More than 1 possible  
answer: see instructions)  
( ) 1 (X) 2 ( ) 3

Comments

Is there a potential for disturbance of  
this material?  
(X) Yes ( ) No

Explain  
During Maintenance Activities

Is this material in an air plenum or  
exposed to an air stream?  
( ) Yes (X) No

Explain

Degree of Damage

( ) Damage or ( ) Significantly Damaged  
Thermal System Insulation  
( ) Damaged Friable Surfacing ACM  
( ) Significantly Damaged Friable Surfacing ACM  
( ) Damaged or ( ) Significantly Damaged  
Friable Miscellaneous ACM

(X) ACBM With Potential for Damage  
( ) ACBM With Potential for Significant Damage  
( ) Any Remaining Friable ACBM  
or Friable Suspected ACBM

Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

*John Conner*

ASB-4  
28

New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360  
ROOM/FUNCTIONAL SPACE INSPECTION



FOR STATE USE ONLY

Building Assessed  
Pyne Poynt Middle School

Room/Functional Space  
First Floor Corridor

Date of Construction  
1957

Type of Material (Only ONE type may be check per individual page:  
see instructions)

( ) Surfacing (X) Thermal ( ) Miscellaneous

Material

(X) Friable ( ) Non-Friable

Description

Pipe Insulation

Square/Linear Footage  
36 Linear Feet

Percent of Area  
100%

Homogenous ID No.  
P02

Damage Assessment

Type of Damage	YES	NO	Amount (Square/Linear Feet)	Comments (Severity, Cause)
Deterioration	( )	(X)		
Delamination	( )	(X)		
Water	( )	(X)		
Physical	( )	(X)		
Other	( )	(X)		

Extent of Damage  
( ) Localized  
( ) Distributed

Is dust/debris present?

( ) Yes (X) No

Location

Was bulk/surface material obtained

(X) Yes ( ) No

If surfacing material, is dust/debris released when  
material is brushed by hand using moderate pressure?  
( ) Yes ( ) No

Accessibility (More than 1 possible  
answer: see instructions)  
( ) 1 (X) 2 ( ) 3

Comments

Is there a potential for disturbance of  
this material?

(X) Yes ( ) No

Explain

During Maintenance Activities

Is this material in an air plenum or  
exposed to an air stream?

( ) Yes (X) No

Explain

Degree of Damage

( ) Damage or ( ) Significantly Damaged  
Thermal System Insulation  
( ) Damaged Friable Surfacing ACM  
( ) Significantly Damaged Friable Surfacing ACM  
( ) Damaged or ( ) Significantly Damaged  
Friable Miscellaneous ACM

(X) ACBM With Potential for Damage  
( ) ACBM With Potential for Significant Damage  
( ) Any Remaining Friable ACBM  
or Friable Suspected ACBM

Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

*John Conner*

ASB-4

New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360  
ROOM/FUNCTIONAL SPACE INSPECTION



FOR STATE USE ONLY

Building Assessed  
Pyne Poynt Middle School

Room/Functional Space  
Storage between Rooms 7 and 10 First Floor

Date of Construction  
1957

Type of Material (Only ONE type may be checked per individual page:  
see instructions)  
☐ Surfacing ☒ Thermal ☐ Miscellaneous

Material  
☒ Friable ☐ Non-Friable

Description  
Pipe Insulation

Square/Linear Footage  
50 Linear Feet

Percent of Area  
100%

Homogenous ID No.  
P02

Damage Assessment		Amount		Comments (Severity, Cause)
Type of Damage	YES NO	(Square/Linear Feet)		
Deterioration	( ) (X)			
Delamination	( ) (X)			
Water	( ) (X)			
Physical	( ) (X)			
Other	( ) (X)			

Extent of Damage <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Is dust/debris present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Location
--	--	----------

Was bulk/surface material obtained <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If surfacing material, is dust/debris released when material is brushed by hand using moderate pressure? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Accessibility (More than 1 possible answer: see instructions) <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	Comments
--	----------

Is there a potential for disturbance of this material? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Explain During Maintenance Activities
---	--

Is this material in an air plenum or exposed to an air stream? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Explain
---	---------

Degree of Damage

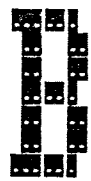
<input type="checkbox"/> Damage or <input type="checkbox"/> Significantly Damaged Thermal System Insulation <input type="checkbox"/> Damaged Friable Surfacing ACM <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM <input type="checkbox"/> Damage or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	<input checked="" type="checkbox"/> ACBM With Potential for Damage <input type="checkbox"/> ACBM With Potential for Significant Damage <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
--	--

Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

SB-4

New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360



ROOM/FUNCTIONAL SPACE INSPECTION

FOR STATE USE ONLY

Building Assessed  
Wyne Poynt Middle School

Room/Functional Space Storage between Rooms 14 and 15 First Floor	Date of Construction 1957
--	------------------------------

Type of Material (Only ONE type may be checked per individual page: See instructions)  ( ) Surfacing (X) Thermal ( ) Miscellaneous	Material  (X) Friable ( ) Non-Friable
---	---

Description  
Pipe Insulation

Square/Linear Footage 48 Linear Feet	Percent of Area 100%	Homogenous ID No. P02
---	-------------------------	--------------------------

Damage Assessment				
Type of Damage	YES	NO	Amount (Square/Linear Feet)	Comments (Severity, Cause)
Deterioration	( )	(X)	_____	_____
Delamination	( )	(X)	_____	_____
Water	( )	(X)	_____	_____
Physical	( )	(X)	_____	_____
Other _____	( )	(X)	_____	_____
_____			_____	_____

Extent of Damage ( ) Localized ( ) Distributed	Is dust/debris present? ( ) Yes (X) No	Location
--	---	----------

Was bulk/surface material obtained (X) Yes ( ) No	If surfacing material, is dust/debris released when material is brushed by hand using moderate pressure? ( ) Yes ( ) No
--	--

Accessibility (More than 1 possible answer: see instructions) ( ) 1 (X) 2 ( ) 3	Comments
--	----------

Is there a potential for disturbance of this material? (X) Yes ( ) No	Explain During Maintenance Activities
--	--

Is this material in an air plenum or exposed to an air stream? ( ) Yes (X) No	Explain
--	---------

Degree of Damage ( ) Damage or ( ) Significantly Damaged Thermal System Insulation ( ) Damaged Friable Surfacing ACM ( ) Significantly Damaged Friable Surfacing ACM ( ) Damaged or ( ) Significantly Damaged Friable Miscellaneous ACM	(X) ACBM With Potential for Damage ( ) ACBM With Potential for Significant Damage ( ) Any Remaining Friable ACBM or Friable Suspected ACBM
---	--

Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

ASB-4  
10-8

New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360  
ROOM/FUNCTIONAL SPACE INSPECTION



FOR STATE USE ONLY

Building Assessed  
Pyne Poynt Middle School

Room/Functional Space  
Storage between Rooms 4 and Partial Ground Floor

Date of Construction  
1957

Type of Material (Only ONE type may be checked per individual page:  
see instructions)

( ) Surfacing (X) Thermal ( ) Miscellaneous

Material

(X) Friable ( ) Non-Friable

Description

Pipe Insulation

Square/Linear Footage  
4 Linear Feet

Percent of Area  
100%

Homogenous ID No.  
P02

Damage Assessment

Type of Damage	YES	NO	Amount (Square/Linear Feet)	Comments (Severity, Cause)
Deterioration	( )	(X)		
Delamination	( )	(X)		
Water	( )	(X)		
Physical	( )	(X)		
Other	( )	(X)		

Extent of Damage  
( ) Localized  
( ) Distributed

Is dust/debris present?  
( ) Yes (X) No

Location

Has bulk/surface material obtained  
(X) Yes ( ) No

If surfacing material, is dust/debris released when  
material is brushed by hand using moderate pressure?  
( ) Yes ( ) No

Accessibility (More than 1 possible  
answer: see instructions)  
( ) 1 (X) 2 ( ) 3

Comments

Is there a potential for disturbance of  
this material?  
(X) Yes ( ) No

Explain  
During Maintenance Activities

Is this material in an air plenum or  
exposed to an air stream?  
( ) Yes (X) No

Explain

Degree of Damage

( ) Damage or ( ) Significantly Damaged  
Thermal System Insulation  
( ) Damaged Friable Surfacing ACM  
( ) Significantly Damaged Friable Surfacing ACM  
( ) Damaged or ( ) Significantly Damaged  
Friable Miscellaneous ACM

(X) ACBM With Potential for Damage  
( ) ACBM With Potential for Significant Damage  
( ) Any Remaining Friable ACBM  
or Friable Suspected ACBM

Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

*John Conner*



ASB-4  
88

New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360  
ROOM/FUNCTIONAL SPACE INSPECTION



FOR STATE USE ONLY

Building Assessed  
Pyne Poynt Middle School

Room/Functional Space  
Rooms 7 Partial Ground Floor

Date of Construction  
1957

Type of Material (Only ONE type may be check per individual page:  
see instructions)

( ) Surfacing (X) Thermal ( ) Miscellaneous

Material

(X) Friable ( ) Non-Friable

Description

Pipe Insulation

Square/Linear Footage  
30 Linear Feet

Percent of Area  
100%

Homogenous ID No.  
P02

Damage Assessment

Type of Damage	YES	NO	Amount (Square/Linear Feet)	Comments (Severity, Cause)
Deterioration	( )	(X)		
Delamination	( )	(X)		
Water	( )	(X)		
Physical	( )	(X)		
Other	( )	(X)		

Extent of Damage  
( ) Localized  
( ) Distributed

Is dust/debris present?  
( ) Yes (X) No

Location

Was bulk/surface material obtained  
(X) Yes ( ) No

If surfacing material, is dust/debris released when  
material is brushed by hand using moderate pressure?  
( ) Yes ( ) No

Accessibility (More than 1 possible  
answer: see instructions)  
( ) 1 (X) 2 ( ) 3

Comments

Is there a potential for disturbance of  
this material?  
(X) Yes ( ) No

Explain

During Maintenance Activities

Is this material in an air plenum or  
exposed to an air stream?  
( ) Yes (X) No

Explain

Degree of Damage

( ) Damage or ( ) Significantly Damaged  
Thermal System Insulation  
( ) Damaged Friable Surfacing ACM  
( ) Significantly Damaged Friable Surfacing ACM  
( ) Damaged or ( ) Significantly Damaged  
Friable Miscellaneous ACM

(X) ACBM With Potential for Damage  
( ) ACBM With Potential for Significant Damage  
( ) Any Remaining Friable ACBM  
or Friable Suspected ACBM

Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

*John Conner*

ASB-4  
3

New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360  
ROOM/FUNCTIONAL SPACE INSPECTION



FOR STATE USE ONLY

Building Assessed  
Pyne Poynt Middle School

Room/Functional Space  
Storage beside Room 7

Date of Construction  
1957

Type of Material (Only ONE type may be checked per individual page:  
see instructions)

( ) Surfacing (X) Thermal ( ) Miscellaneous

Material

(X) Friable ( ) Non-Friable

Description

Pipe Insulation

Square/Linear Footage  
6 Linear Feet

Percent of Area  
100%

Homogenous ID No.  
P02

Damage Assessment

Type of Damage	YES	NO	Amount (Square/Linear Feet)	Comments (Severity, Cause)
Deterioration	( )	(X)		
Delamination	( )	(X)		
Water	( )	(X)		
Physical	( )	(X)		
Other	( )	(X)		

Extent of Damage  
( ) Localized  
( ) Distributed

Is dust/debris present?  
( ) Yes (X) No

Location

Was bulk/surface material obtained  
(X) Yes ( ) No

If surfacing material, is dust/debris released when  
material is brushed by hand using moderate pressure?  
( ) Yes ( ) No

Accessibility (More than 1 possible  
answer: see instructions)  
( ) 1 (X) 2 ( ) 3

Comments

Is there a potential for disturbance of  
this material?  
(X) Yes ( ) No

Explain  
During Maintenance Activities

Is this material in an air plenum or  
exposed to an air stream?  
( ) Yes (X) No

Explain

Degree of Damage

( ) Damage or ( ) Significantly Damaged  
Thermal System Insulation  
( ) Damaged Friable Surfacing ACM  
( ) Significantly Damaged Friable Surfacing ACM  
( ) Damaged or ( ) Significantly Damaged  
Friable Miscellaneous ACM

(X) ACBM With Potential for Damage  
( ) ACBM With Potential for Significant Damage  
( ) Any Remaining Friable ACBM  
or Friable Suspected ACBM

Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

*John Conner*

ASB-4  
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New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360  
ROOM/FUNCTIONAL SPACE INSPECTION



FOR STATE USE ONLY

Building Assessed  
Pyne Poynt Middle School

Room/Functional Space  
Storage across from Room 4 Ground Floor

Date of Construction  
1957

Type of Material (Only ONE type may be checked per individual page:  
see instructions)  
( ) Surfacing (X) Thermal ( ) Miscellaneous

Material  
(X) Friable ( ) Non-Friable

Description

Pipe Insulation

Square/Linear Footage  
16 Linear Feet

Percent of Area  
100%

Homogenous ID No.  
P02

Damage Assessment

Type of Damage	YES	NO	Amount (Square/Linear Feet)	Comments (Severity, Cause)
Deterioration	( )	(X)		
Delamination	( )	(X)		
Water	( )	(X)		
Physical	( )	(X)		
Other	( )	(X)		

Extent of Damage  
( ) Localized  
( ) Distributed

Is dust/debris present?  
( ) Yes (X) No

Location

Was bulk/surface material obtained  
(X) Yes ( ) No

If surfacing material, is dust/debris released when  
material is brushed by hand using moderate pressure?  
( ) Yes ( ) No

Accessibility (More than 1 possible  
answer: see instructions)  
( ) 1 (X) 2 ( ) 3

Comments

Is there a potential for disturbance of  
this material?  
(X) Yes ( ) No

Explain  
During Maintenance Activities

Is this material in an air plenum or  
exposed to an air stream?  
( ) Yes (X) No

Explain

Degree of Damage

( ) Damage or ( ) Significantly Damaged  
Thermal System Insulation  
( ) Damaged Friable Surfacing ACM  
( ) Significantly Damaged Friable Surfacing ACM  
( ) Damaged or ( ) Significantly Damaged  
Friable Miscellaneous ACM

(X) ACBM With Potential for Damage  
( ) ACBM With Potential for Significant Damage  
( ) Any Remaining Friable ACBM  
or Friable Suspected ACBM

Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

*John Conner*

SB-4

New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360  
ROOM/FUNCTIONAL SPACE INSPECTION



FOR STATE USE ONLY

Building Assessed  
Wyne Poynt Middle School

Room/Functional Space  
Storage beside Room 19

Date of Construction  
1957

Type of Material (Only ONE type may be checked per individual page:  
see instructions)

( ) Surfacing (X) Thermal ( ) Miscellaneous

Material

(X) Friable ( ) Non-Friable

Description

Pipe Insulation

Square/Linear Footage  
12 Linear Feet

Percent of Area  
100%

Homogenous ID No.  
P02

Damage Assessment

Type of Damage	YES	NO	Amount (Square/Linear Feet)	Comments (Severity, Cause)
Deterioration	( )	(X)		
Delamination	( )	(X)		
Water	( )	(X)		
Physical	( )	(X)		
Other	( )	(X)		

Extent of Damage  
( ) Localized  
( ) Distributed

Is dust/debris present?  
( ) Yes (X) No

Location

Was bulk/surface material obtained  
(X) Yes ( ) No

If surfacing material, is dust/debris released when  
material is brushed by hand using moderate pressure?  
( ) Yes ( ) No

Accessibility (More than 1 possible  
answer: see instructions)  
( ) 1 (X) 2 ( ) 3

Comments

Is there a potential for disturbance of  
this material?  
(X) Yes ( ) No

Explain  
During Maintenance Activities

Is this material in an air plenum or  
exposed to an air stream?  
( ) Yes (X) No

Explain

Degree of Damage

( ) Damage or ( ) Significantly Damaged  
Thermal System Insulation  
( ) Damaged Friable Surfacing ACM  
( ) Significantly Damaged Friable Surfacing ACM  
( ) Damaged or ( ) Significantly Damaged  
Friable Miscellaneous ACM

(X) ACBM With Potential for Damage  
( ) ACBM With Potential for Significant Damage  
( ) Any Remaining Friable ACBM  
or Friable Suspected ACBM

Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

*John Conroy*

New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360



## ROOM/FUNCTIONAL SPACE INSPECTION

FOR STATE USE ONLY

Building Assessed  
Wyne Poynt Middle School

Room/Functional Space  
Storage beside Room 30

Date of Construction  
1957

Type of Material (Only ONE type may be checked per individual page:  
see instructions)

☐ Surfacing ☒ Thermal ☐ Miscellaneous

Material

☒ Friable ☐ Non-Friable

Description

Pipe Insulation

Square/Linear Footage  
50 Linear Feet

Percent of Area  
100%

Homogenous ID No.  
P02

## Damage Assessment

Type of Damage	YES	NO	Amount (Square/Linear Feet)	Comments (Severity, Cause)
Deterioration	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
Delamination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
Water	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
Physical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
Other _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____

Extent of Damage  
☐ Localized  
☐ Distributed

Is dust/debris present?  
☐ Yes ☒ No

Location

Has bulk/surface material obtained  
☒ Yes ☐ No

If surfacing material, is dust/debris released when  
material is brushed by hand using moderate pressure?  
☐ Yes ☐ No

Accessibility (More than 1 possible  
answer: see instructions)  
☐ 1 ☒ 2 ☐ 3

Comments

Is there a potential for disturbance of  
this material?  
☒ Yes ☐ No

Explain  
During Maintenance Activities

Is this material in an air plenum or  
exposed to an air stream?  
☐ Yes ☒ No

Explain

## Degree of Damage

☐ Damage or ☐ Significantly Damaged  
Thermal System Insulation  
☐ Damaged Friable Surfacing ACM  
☐ Significantly Damaged Friable Surfacing ACM  
☐ Damaged or ☐ Significantly Damaged  
Friable Miscellaneous ACM

☒ ACBM With Potential for Damage  
☐ ACBM With Potential for Significant Damage  
☐ Any Remaining Friable ACBM  
or Friable Suspected ACBM

Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

ASB-4

New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360  
ROOM/FUNCTIONAL SPACE INSPECTION



FOR STATE USE ONLY

Building Assessed  
Pyne Poynt Middle School

Room/Functional Space  
Storage beside Room 37

Date of Construction  
1957

Type of Material (Only ONE type may be checked per individual page:  
see instructions)

( ) Surfacing (X) Thermal ( ) Miscellaneous

Material

(X) Friable ( ) Non-Friable

Description

Pipe Insulation

Square/Linear Footage  
60 Linear Feet

Percent of Area  
100%

Homogenous ID No.  
P02

Damage Assessment

Type of Damage	YES	NO	Amount (Square/Linear Feet)	Comments (Severity, Cause)
Deterioration	( )	(X)	_____	_____
Delamination	( )	(X)	_____	_____
Water	( )	(X)	_____	_____
Physical	( )	(X)	_____	_____
Other _____	( )	(X)	_____	_____

Extent of Damage  
( ) Localized  
( ) Distributed

Is dust/debris present?  
( ) Yes (X) No

Location

Was bulk/surface material obtained  
(X) Yes ( ) No

If surfacing material, is dust/debris released when  
material is brushed by hand using moderate pressure?  
( ) Yes ( ) No

Accessibility (More than 1 possible  
answer: see instructions)  
( ) 1 (X) 2 ( ) 3

Comments

Is there a potential for disturbance of  
this material?  
(X) Yes ( ) No

Explain  
During Maintenance Activities

Is this material in an air plenum or  
exposed to an air stream?  
( ) Yes (X) No

Explain

Degree of Damage

( ) Damage or ( ) Significantly Damaged  
Thermal System Insulation  
( ) Damaged Friable Surfacing ACM  
( ) Significantly Damaged Friable Surfacing ACM  
( ) Damaged or ( ) Significantly Damaged  
Friable Miscellaneous ACM

(X) ACBM With Potential for Damage  
( ) ACBM With Potential for Significant Damage  
( ) Any Remaining Friable ACBM  
or Friable Suspected ACBM

Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

*John Conner*

New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360

## ASBESTOS MANAGEMENT PLAN - COVER SHEET



FOR STATE USE ONLY

Name of Responsible Governing Authority  
Camden Board of Education

Telephone Number  
(609) 962-5800

Address  
2101 Ferry Avenue, 1800 Office Building West, 3rd. Floor, Camden, New Jersey 08014

Name of Facility  
Poynt Middle School

Telephone Number  
(609) 963-2002

Building Assessed  
Poynt Middle School

County  
Camden

Address  
Seventh and Erie Streets, Camden, New Jersey 08102

Telephone  
(609) 963-2002

Type of Facility  
Middle School

Date of Inspection  
November 11 to 14, 1988

Does this building contain (check all that apply) ?

- (X) Friable ACBM  
(X) Non-Friable ACBM  
( ) Assumed Friable ACM  
( ) Assumed Non-Friable ACM  
Delamination

Total Amount (Square/linear Feet):  
Surfacing ACBM

Thermal Insulation ACBM 922 Linear Feet

Miscellaneous ACM 19,765 Square Feet

## ASBESTOS PROGRAM MANAGER \*

Name of Asbestos Program Manager  
Banscher

Telephone Number  
(609) 962-5800

Address  
101 Ferry Avenue, 1800 Office Building West, 3rd. Floor, Camden, New Jersey 08014

## Training Attended

Course Number	Training Agency	Place of Training	Date(s)	Training Hours
2 Hour Awareness	TCTL	Atlantic Co. Vo-Tech	August 24, 1988	2 Hours
14 Hour Awareness	TCTL	Atlantic Co. Vo-Tech	August 24/25, 1988	14 Hours

## INSPECTOR(S)/ASSESSOR(S) \*\*

Name	Accreditation Number/State	Affiliation
John N. Cameron	RWJ0084A/ NJ	TCTL
	/	

Signature  
*John Cameron*

## MANAGEMENT PLANNER(S) \*\*

(The undersigned Management Planner(s) have prepared or assisted in preparation or reviewed this plan and assure that this plan is in compliance with current law.)

1

Name	Address	Telephone Number
Thomas J. McCarty	565 East Harding Highway Mays Landing, NJ 08330	(609) 625-1700
Affiliation Testwell Craig Testing Laboratories, Inc.	State of Accreditation/Acc. No. PA/MP-350	Signature <i>Thomas McCarty</i>

## OTHER CONSULTANTS/PERSONS INVOLVED IN THE DEVELOPMENT OF THIS MANAGEMENT PLAN \*\*

Name	Accreditation Number/State	Affiliation	Signature

\* Include copies of certificates of completion for all training courses

\*\* Include copies of licensing documents

# TESTWELL CRAIG TESTING LABORATORIES INC.

HEREBY CERTIFIES THAT

Robert Banschler

HAS SATISFACTORILY COMPLETED THE  
TWO HOUR AND FOURTEEN HOUR TRAINING  
AS REQUIRED BY THE ASBESTOS HAZARD EMERGENCY RESPONSE ACT.

CONDUCTED AT Atlantic County Vo-Tech ON August 24, 25 1988

Michael W. Lerner  
President

Joseph Shalibetti  
Asbestos Safety Manager

James McNeill  
AHERA Coordinator



University of Medicine and Dentistry of New Jersey  
Robert Wood Johnson Medical School  
Piscataway, New Jersey

*This is to certify that*

JOHN N. CAMERON

CERTIFICATE #RWMJ0084A

*has successfully completed the course entitled*

INSPECTING BUILDINGS FOR ASBESTOS CONTAINING MATERIALS

*conducted by the*

MID-ATLANTIC ASBESTOS TRAINING CENTER

(Sponsored by U.S. Environmental Protection Agency)


Office of Consumer Health Education

Department of Environmental and Community Medicine

FEBRUARY 15-17, 1988

Date

  
Center Director

  
Course Director

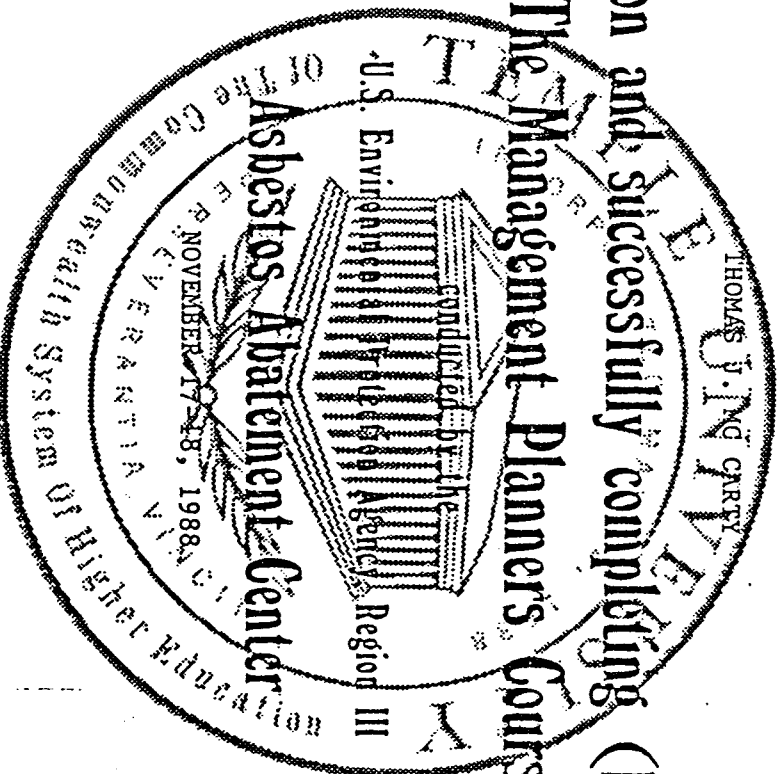
# Temple University

College of Engineering Philadelphia, PA

This certificate is awarded to

for participation and successfully completing (by examination)

The Management Planners Course



Director, Asbestos Abatement Center

*Robert Levin*

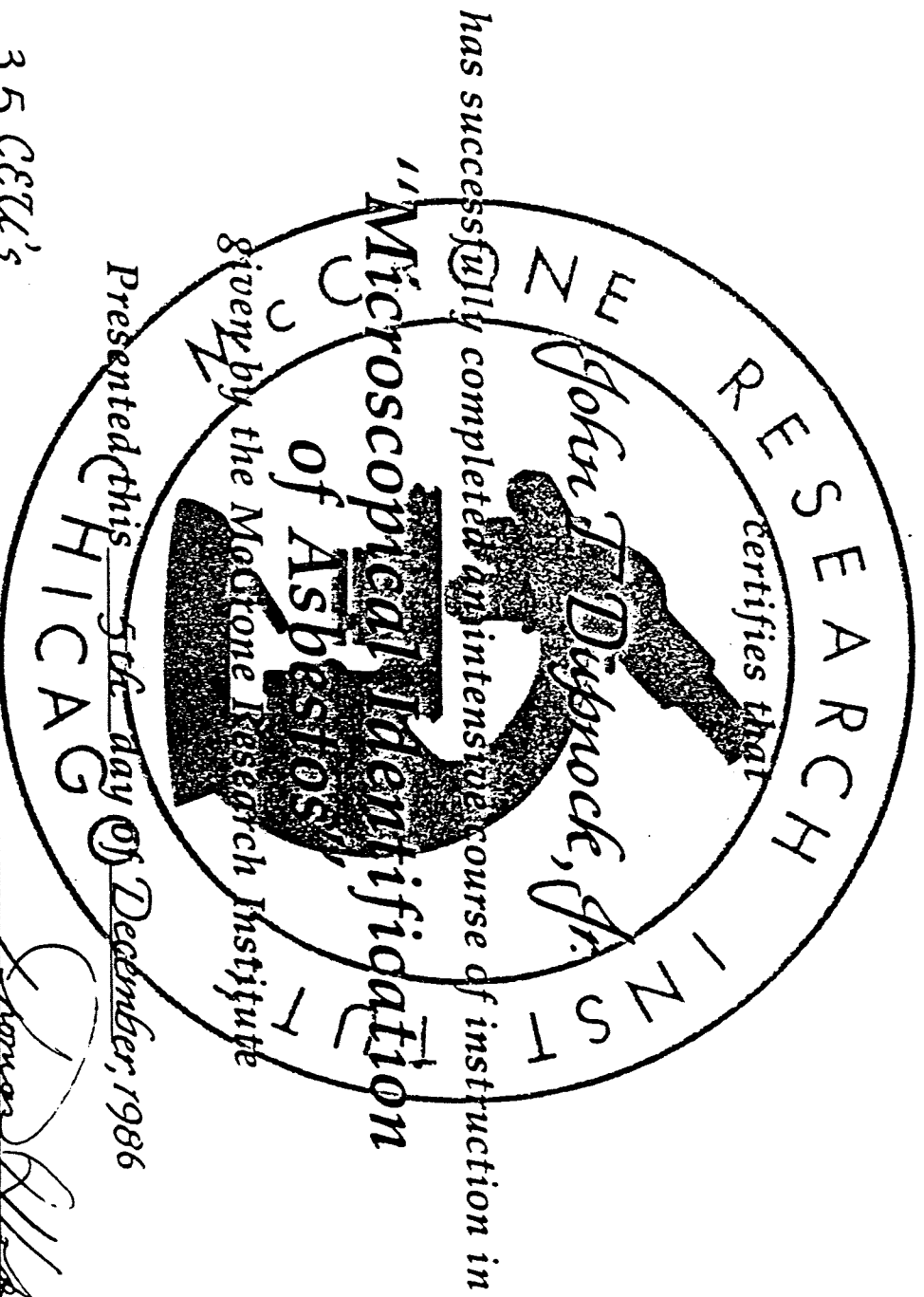
Dean, College of Engineering

*W. B. B...*

Certificate No. MP-352

Exp. Date 12/1/89

# MCCRONE RESEARCH INSTITUTE



3.5 CEU's

*James H. Wilson*

*Walter McCrone*

ASB-6  
JUN 88

New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360



ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

FOR STATE USE ONLY

Building Assessed  
Pyne Poynt Middle School

Room/Functional Space  
Classroom 7

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed on <input type="checkbox"/> Trowelled on <input type="checkbox"/> Other: _____		<input checked="" type="checkbox"/> MISCELLANEOUS <input checked="" type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
Homogeneous ID No.	Check One: <input checked="" type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input checked="" type="checkbox"/> Non-Friable	Total Sq./LF 1,035 Sq. Ft.	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3

Damage Assessment

- |  |   |
|--|---|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged<br>Thermal System Insulation<br><input type="checkbox"/> Damaged Friable Surfacing ACM<br><input type="checkbox"/> Significantly Damaged Friable Surfacing ACM<br><input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged<br>Friable Miscellaneous ACM | <input checked="" type="checkbox"/> ACBM with Potential for Damage<br><input type="checkbox"/> ACBM with Potential for Significant Damage<br><input type="checkbox"/> Any Remaining Friable ACBM<br>or Friable Suspected ACBM |
|--|---|

Response:	Action(s) Operations and Maintenance	Date of Response July 1, 1989	Square/Linear Feet 1,035 Square Feet
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ts:

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/ Joint <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other: _____		<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
Homogeneous ID No.	Check One: <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

Damage Assessment

- |  |  |
|--|--|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged<br>Thermal System Insulation<br><input type="checkbox"/> Damaged Friable Surfacing ACM<br><input type="checkbox"/> Significantly Damaged Friable Surfacing ACM<br><input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged<br>Friable Miscellaneous ACM | <input type="checkbox"/> ACBM with Potential for Damage<br><input type="checkbox"/> ACBM with Potential for Significant Damage<br><input type="checkbox"/> Any Remaining Friable ACBM<br>or Friable Suspected ACBM |
|--|--|

Response:	Action(s)	Date of Response	Square/Linear Feet
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Comments:



ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

FOR STATE USE ONLY

Building Assessed  
Wyne Poynt Middle School

Room/Functional Space  
Classroom 15

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____		<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____		<input type="checkbox"/> MISCELLANEOUS (X) VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		Check One: <input type="checkbox"/> Sprayed on <input type="checkbox"/> Trowelled on <input type="checkbox"/> Other: _____			

Homogeneous ID No.	Check One: (X) Sample Taken ( ) Material Assumed	Material ( ) Friable (X) Non-Friable	Total Sq./LF 720 Sq. Ft.	Material ( ) Localized (X) Distributed	Accessibility (See Instructions) ( ) 1 ( ) 2 (X) 3
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Damage Assessment

<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation	<input type="checkbox"/> ACBM with Potential for Damage
<input type="checkbox"/> Damaged Friable Surfacing ACM	<input type="checkbox"/> ACBM with Potential for Significant Damage
<input type="checkbox"/> Significantly Damaged Friable Surfacing ACM	<input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	

Response:	Action(s) Operations and Maintenance _____	Date of Response July 1, 1989 _____	Square/Linear Feet 720 Square Feet _____
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Comments:  
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SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/ Joint <input type="checkbox"/> Other: _____		<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____		<input type="checkbox"/> MISCELLANEOUS ( ) VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other: _____			

Homogeneous ID No.	Check One: ( ) Sample Taken ( ) Material Assumed	Material ( ) Friable ( ) Non-Friable	Total Sq./LF	Material ( ) Localized ( ) Distributed	Accessibility (See Instructions) ( ) 1 ( ) 2 ( ) 3
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Damage Assessment

<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation	<input type="checkbox"/> ACBM with Potential for Damage
<input type="checkbox"/> Damaged Friable Surfacing ACM	<input type="checkbox"/> ACBM with Potential for Significant Damage
<input type="checkbox"/> Significantly Damaged Friable Surfacing ACM	<input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	

Response:	Action(s) _____ _____	Date of Response _____ _____	Square/Linear Feet _____ _____
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Comments:  
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New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360



ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

FOR STATE USE ONLY

Building Assessed  
Wyne Poynt Middle School

Room/Functional Space  
Classroom 17

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed on <input type="checkbox"/> Trowelled on <input type="checkbox"/> Other: _____		<input checked="" type="checkbox"/> MISCELLANEOUS <input checked="" type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
Homogeneous ID No.	Check One: <input checked="" type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input checked="" type="checkbox"/> Non-Friable	Total Sq./LF 160 Sq. Ft.	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3

Damage Assessment

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|--|---|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged<br>Thermal System Insulation<br><input type="checkbox"/> Damaged Friable Surfacing ACM<br><input type="checkbox"/> Significantly Damaged Friable Surfacing ACM<br><input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged<br>Friable Miscellaneous ACM | <input checked="" type="checkbox"/> ACBM with Potential for Damage<br><input type="checkbox"/> ACBM with Potential for Significant Damage<br><input type="checkbox"/> Any Remaining Friable ACBM<br>or Friable Suspected ACBM |
|--|---|

Response:	Action(s) Operations and Maintenance	Date of Response July 1, 1989	Square/Linear Feet 160 Square Feet
_____		_____	_____
_____		_____	_____

Comments:

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/ Joint <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other: _____		<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
Homogeneous ID No.	Check One: <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

Damage Assessment

- |  |  |
|--|--|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged<br>Thermal System Insulation<br><input type="checkbox"/> Damaged Friable Surfacing ACM<br><input type="checkbox"/> Significantly Damaged Friable Surfacing ACM<br><input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged<br>Friable Miscellaneous ACM | <input type="checkbox"/> ACBM with Potential for Damage<br><input type="checkbox"/> ACBM with Potential for Significant Damage<br><input type="checkbox"/> Any Remaining Friable ACBM<br>or Friable Suspected ACBM |
|--|--|

Response:	Action(s)	Date of Response	Square/Linear Feet
_____		_____	_____
_____		_____	_____

Comments:

ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

FOR STATE USE ONLY

Building Assessed  
Wyne Poynt Middle SchoolRoom/Functional Space  
Classroom 18

## SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<b>( ) THERMAL</b> Check One: ( ) Pipe Insulation ( ) Elbow/Joint ( ) Other: _____	Check One: ( ) Air Cell ( ) Cementitious ( ) Solid Lag ( ) Other: _____	<b>( ) SURFACING</b> Check One: ( ) Ceiling ( ) Wall ( ) Other: _____	Check One: ( ) Sprayed on ( ) Trowelled on ( ) Other: _____	<b>(X) MISCELLANEOUS</b> (X) VAT ( ) Ceiling Tiles ( ) Transite ( ) Other: _____
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Homogeneous ID No. 01	Check One: (X) Sample Taken ( ) Material Assumed	Material ( ) Friable (X) Non-Friable	Total Sq./LF 80 Sq. Ft.	Material ( ) Localized (X) Distributed	Accessibility (See Instructions) ( ) 1 ( ) 2 (X) 3
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Damage Assessment ( ) Damaged or ( ) Significantly Damaged Thermal System Insulation ( ) Damaged Friable Surfacing ACM ( ) Significantly Damaged Friable Surfacing ACM ( ) Damaged or ( ) Significantly Damaged Friable Miscellaneous ACM	(X) ACBM with Potential for Damage ( ) ACBM with Potential for Significant Damage ( ) Any Remaining Friable ACBM or Friable Suspected ACBM
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Response: Operations and Maintenance _____	Action(s) _____	Date of Response July 1, 1989 _____	Square/Linear Feet 80 Square Feet _____
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s:  
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## SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<b>( ) THERMAL</b> Check One: ( ) Pipe Insulation ( ) Elbow/ Joint ( ) Other: _____	Check One: ( ) Air Cell ( ) Cementitious ( ) Solid Lag ( ) Other: _____	<b>( ) SURFACING</b> Check One: ( ) Ceiling ( ) Wall ( ) Other: _____	Check One: ( ) Sprayed On ( ) Trowelled On ( ) Other: _____	<b>( ) MISCELLANEOUS</b> ( ) VAT ( ) Ceiling Tiles ( ) Transite ( ) Other: _____
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Homogeneous ID No.	Check One: ( ) Sample Taken ( ) Material Assumed	Material ( ) Friable ( ) Non-Friable	Total Sq./LF	Material ( ) Localized ( ) Distributed	Accessibility (See Instructions) ( ) 1 ( ) 2 ( ) 3
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Damage Assessment ( ) Damaged or ( ) Significantly Damaged Thermal System Insulation ( ) Damaged Friable Surfacing ACM ( ) Significantly Damaged Friable Surfacing ACM ( ) Damaged or ( ) Significantly Damaged Friable Miscellaneous ACM	( ) ACBM with Potential for Damage ( ) ACBM with Potential for Significant Damage ( ) Any Remaining Friable ACBM or Friable Suspected ACBM
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Response: _____	Action(s) _____	Date of Response _____	Square/Linear Feet _____
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Comments:  
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ASB-6  
JUN 88

New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360



ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

FOR STATE USE ONLY

Building Assessed  
Pyne Poynt Middle School

Room/Functional Space  
Classroom 19

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed on <input type="checkbox"/> Trowelled on <input type="checkbox"/> Other: _____		<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
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Homogeneous ID No. F01	Check One: <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input checked="" type="checkbox"/> Non-Friable	Total Sq./LF 150 Sq. Ft.	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3
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Damage Assessment

<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation <input type="checkbox"/> Damaged Friable Surfacing ACM <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	<input checked="" type="checkbox"/> ACBM with Potential for Damage <input type="checkbox"/> ACBM with Potential for Significant Damage <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
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Response:	Action(s) Operations and Maintenance	Date of Response July 1, 1989	Square/Linear Feet 150 Square Feet
_____		_____	_____
_____		_____	_____

ts:

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/ Joint <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other: _____		<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
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Homogeneous ID No.	Check One: <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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Damage Assessment

<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation <input type="checkbox"/> Damaged Friable Surfacing ACM <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	<input type="checkbox"/> ACBM with Potential for Damage <input type="checkbox"/> ACBM with Potential for Significant Damage <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
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Response:	Action(s)	Date of Response	Square/Linear Feet
_____		_____	_____
_____		_____	_____

Comments:

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SB-6  
UN 88

New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360



ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

FOR STATE USE ONLY

Building Assessed  
Pine Point Middle School

Room/Functional Space  
Classroom 23

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____		<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____		<input checked="" type="checkbox"/> MISCELLANEOUS <input checked="" type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
Homogeneous ID No.	Check One: <input checked="" type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input checked="" type="checkbox"/> Non-Friable	Total Sq./LF 400 Sq. Ft.	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3

Damage Assessment

- |  |   |
|--|---|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged<br>Thermal System Insulation<br><input type="checkbox"/> Damaged Friable Surfacing ACM<br><input type="checkbox"/> Significantly Damaged Friable Surfacing ACM<br><input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged<br>Friable Miscellaneous ACM | <input checked="" type="checkbox"/> ACBM with Potential for Damage<br><input type="checkbox"/> ACBM with Potential for Significant Damage<br><input type="checkbox"/> Any Remaining Friable ACBM<br>or Friable Suspected ACBM |
|--|---|

Response:	Action(s) Operations and Maintenance	Date of Response July 1, 1989	Square/Linear Feet 400 Square Feet
_____	_____	_____	_____
_____	_____	_____	_____

s:

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/ Joint <input type="checkbox"/> Other: _____		<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____		<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
Homogeneous ID No.	Check One: <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

Damage Assessment

- |  |  |
|--|--|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged<br>Thermal System Insulation<br><input type="checkbox"/> Damaged Friable Surfacing ACM<br><input type="checkbox"/> Significantly Damaged Friable Surfacing ACM<br><input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged<br>Friable Miscellaneous ACM | <input type="checkbox"/> ACBM with Potential for Damage<br><input type="checkbox"/> ACBM with Potential for Significant Damage<br><input type="checkbox"/> Any Remaining Friable ACBM<br>or Friable Suspected ACBM |
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Response:	Action(s)	Date of Response	Square/Linear Feet
_____	_____	_____	_____
_____	_____	_____	_____

Comments:

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SB-6  
JN 88

New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360



ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

FOR STATE USE ONLY

Building Assessed  
Wyne Poynt Middle School

Room/Functional Space  
Classroom 26

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____	Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____	<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____	Check One: <input type="checkbox"/> Sprayed on <input type="checkbox"/> Trowelled on <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> MISCELLANEOUS <input checked="" type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____
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Homogeneous ID No. 01	Check One: <input checked="" type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input checked="" type="checkbox"/> Non-Friable	Total Sq./LF 945 Sq. Ft.	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3
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Damage Assessment

<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation	<input checked="" type="checkbox"/> ACBM with Potential for Damage
<input type="checkbox"/> Damaged Friable Surfacing ACM	<input type="checkbox"/> ACBM with Potential for Significant Damage
<input type="checkbox"/> Significantly Damaged Friable Surfacing ACM	<input type="checkbox"/> Any Remaining Friable ACBM
<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	or Friable Suspected ACBM

Response:	Action(s) Operations and Maintenance	Date of Response July 1, 1989	Square/Linear Feet 945 Square Feet
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Comments:

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/ Joint <input type="checkbox"/> Other: _____	Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____	<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____	Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other: _____	<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____
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Homogeneous ID No.	Check One: <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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Damage Assessment

<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation	<input type="checkbox"/> ACBM with Potential for Damage
<input type="checkbox"/> Damaged Friable Surfacing ACM	<input type="checkbox"/> ACBM with Potential for Significant Damage
<input type="checkbox"/> Significantly Damaged Friable Surfacing ACM	<input type="checkbox"/> Any Remaining Friable ACBM
<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	or Friable Suspected ACBM

Response:	Action(s)	Date of Response	Square/Linear Feet
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Comments:

ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

FOR STATE USE ONLY

Building Assessed  
Wyne Poynt Middle SchoolRoom/Functional Space  
Classroom 30

## SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<b>( ) THERMAL</b> Check One: ( ) Pipe Insulation ( ) Elbow/Joint ( ) Other: _____		<b>( ) SURFACING</b> Check One: ( ) Ceiling ( ) Wall ( ) Other: _____		<b>(X) MISCELLANEOUS</b> (X) VAT ( ) Ceiling Tiles ( ) Transite ( ) Other: _____	
Homogeneous ID No.	Check One: (X) Sample Taken ( ) Material Assumed	Material ( ) Friable (X) Non-Friable	Total Sq./LF 730 Sq. Ft.	Material ( ) Localized (X) Distributed	Accessibility (See Instructions) ( ) 1 ( ) 2 (X) 3

## Damage Assessment

- ( ) Damaged or ( ) Significantly Damaged  
Thermal System Insulation  
( ) Damaged Friable Surfacing ACM  
( ) Significantly Damaged Friable Surfacing ACM  
( ) Damaged or ( ) Significantly Damaged  
Friable Miscellaneous ACM

- (X) ACBM with Potential for Damage  
( ) ACBM with Potential for Significant Damage  
( ) Any Remaining Friable ACBM  
or Friable Suspected ACBM

Response:	Action(s) Operations and Maintenance _____	Date of Response July 1, 1989 _____	Square/Linear Feet 730 Square Feet _____
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## SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<b>( ) THERMAL</b> Check One: ( ) Pipe Insulation ( ) Elbow/ Joint ( ) Other: _____		<b>( ) SURFACING</b> Check One: ( ) Ceiling ( ) Wall ( ) Other: _____		<b>( ) MISCELLANEOUS</b> ( ) VAT ( ) Ceiling Tiles ( ) Transite ( ) Other: _____	
Homogeneous ID No.	Check One: ( ) Sample Taken ( ) Material Assumed	Material ( ) Friable ( ) Non-Friable	Total Sq./LF	Material ( ) Localized ( ) Distributed	Accessibility (See Instructions) ( ) 1 ( ) 2 ( ) 3

## Damage Assessment

- ( ) Damaged or ( ) Significantly Damaged  
Thermal System Insulation  
( ) Damaged Friable Surfacing ACM  
( ) Significantly Damaged Friable Surfacing ACM  
( ) Damaged or ( ) Significantly Damaged  
Friable Miscellaneous ACM

- ( ) ACBM with Potential for Damage  
( ) ACBM with Potential for Significant Damage  
( ) Any Remaining Friable ACBM  
or Friable Suspected ACBM

Response:	Action(s) _____	Date of Response _____	Square/Linear Feet _____
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Comments:  
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ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

FOR STATE USE ONLY

Building Assessed  
Poynt Middle School

Room/Functional Space  
Classroom 34

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed on <input type="checkbox"/> Trowelled on <input type="checkbox"/> Other: _____		<input checked="" type="checkbox"/> MISCELLANEOUS <input checked="" type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
Homogeneous ID No.	Check One: <input checked="" type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input checked="" type="checkbox"/> Non-Friable	Total Sq./LF 1,550 Sq. Ft.	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3

Damage Assessment

- ☐ Damaged or ☐ Significantly Damaged  
 Thermal System Insulation  
☐ Damaged Friable Surfacing ACM  
☐ Significantly Damaged Friable Surfacing ACM  
☐ Damaged or ☐ Significantly Damaged  
 Friable Miscellaneous ACM

- ☒ ACBM with Potential for Damage  
☐ ACBM with Potential for Significant Damage  
☐ Any Remaining Friable ACBM  
 or Friable Suspected ACBM

Response:	Action(s) Operations and Maintenance	Date of Response July 1, 1989	Square/Linear Feet 1,550 Square Feet
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nts:

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/ Joint <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other: _____		<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
Homogeneous ID No.	Check One: <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

Damage Assessment

- ☐ Damaged or ☐ Significantly Damaged  
 Thermal System Insulation  
☐ Damaged Friable Surfacing ACM  
☐ Significantly Damaged Friable Surfacing ACM  
☐ Damaged or ☐ Significantly Damaged  
 Friable Miscellaneous ACM

- ☐ ACBM with Potential for Damage  
☐ ACBM with Potential for Significant Damage  
☐ Any Remaining Friable ACBM  
 or Friable Suspected ACBM

Response:	Action(s)	Date of Response	Square/Linear Feet
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Comments:

SB-6  
UN 88New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

FOR STATE USE ONLY

Building Assessed  
Poynt Middle SchoolRoom/Functional Space  
Storage Room

## SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____	<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed on <input type="checkbox"/> Trowelled on <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> MISCELLANEOUS <input checked="" type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____
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Homogeneous ID No. 05	Check One: <input checked="" type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input checked="" type="checkbox"/> Non-Friable	Total Sq./LF 180 Sq. Ft.	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3
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## Damage Assessment

- ☐ Damaged or ☐ Significantly Damaged  
 Thermal System Insulation  
☐ Damaged Friable Surfacing ACM  
☐ Significantly Damaged Friable Surfacing ACM  
☐ Damaged or ☐ Significantly Damaged  
 Friable Miscellaneous ACM

- ☒ ACBM with Potential for Damage  
☐ ACBM with Potential for Significant Damage  
☐ Any Remaining Friable ACBM  
 or Friable Suspected ACBM

Response:	Action(s) Operations and Maintenance	Date of Response July 1, 1989	Square/Linear Feet 180 Square Feet
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## SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/ Joint <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____	<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other: _____	<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____
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Homogeneous ID No.	Check One: <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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## Damage Assessment

- ☐ Damaged or ☐ Significantly Damaged  
 Thermal System Insulation  
☐ Damaged Friable Surfacing ACM  
☐ Significantly Damaged Friable Surfacing ACM  
☐ Damaged or ☐ Significantly Damaged  
 Friable Miscellaneous ACM

- ☐ ACBM with Potential for Damage  
☐ ACBM with Potential for Significant Damage  
☐ Any Remaining Friable ACBM  
 or Friable Suspected ACBM

Response:	Action(s)	Date of Response	Square/Linear Feet
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Comments:



ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

FOR STATE USE ONLY

Building Assessed  
Poynt Middle School

Room/Functional Space  
Closet near Classroom 9

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed on <input type="checkbox"/> Trowelled on <input type="checkbox"/> Other: _____		<input checked="" type="checkbox"/> MISCELLANEOUS <input checked="" type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
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Homogeneous ID No.	Check One: <input checked="" type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input checked="" type="checkbox"/> Non-Friable	Total Sq./LF 90 Sq. Ft.	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3
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Damage Assessment

<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation <input type="checkbox"/> Damaged Friable Surfacing ACM <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	<input checked="" type="checkbox"/> ACBM with Potential for Damage <input type="checkbox"/> ACBM with Potential for Significant Damage <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
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Response:	Action(s) Operations and Maintenance	Date of Response July 1, 1989	Square/Linear Feet 90 Square Feet
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SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/ Joint <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other: _____		<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
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Homogeneous ID No.	Check One: <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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Damage Assessment

<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation <input type="checkbox"/> Damaged Friable Surfacing ACM <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	<input type="checkbox"/> ACBM with Potential for Damage <input type="checkbox"/> ACBM with Potential for Significant Damage <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
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Response:	Action(s)	Date of Response	Square/Linear Feet
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Comments:

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SB-6  
JW 88New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

FOR STATE USE ONLY

Building Assessed  
Pine Point Middle SchoolRoom/Functional Space  
Closet near Classroom 21

## SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____	<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed on <input type="checkbox"/> Trowelled on <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> MISCELLANEOUS <input checked="" type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____
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Homogeneous ID No. 05	Check One: <input checked="" type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input checked="" type="checkbox"/> Non-Friable	Total Sq./LF 90 Sq. Ft.	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3
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## Damage Assessment

- ☐ Damaged or ☐ Significantly Damaged  
 Thermal System Insulation  
☐ Damaged Friable Surfacing ACM  
☐ Significantly Damaged Friable Surfacing ACM  
☐ Damaged or ☐ Significantly Damaged  
 Friable Miscellaneous ACM

- ☒ ACBM with Potential for Damage  
☐ ACBM with Potential for Significant Damage  
☐ Any Remaining Friable ACBM  
 or Friable Suspected ACBM

Response:	Action(s) Operations and Maintenance	Date of Response July 1, 1989	Square/Linear Feet 90 Square Feet
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Comments:

## SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/ Joint <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____	<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other: _____	<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____
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Homogeneous ID No.	Check One: <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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## Damage Assessment

- ☐ Damaged or ☐ Significantly Damaged  
 Thermal System Insulation  
☐ Damaged Friable Surfacing ACM  
☐ Significantly Damaged Friable Surfacing ACM  
☐ Damaged or ☐ Significantly Damaged  
 Friable Miscellaneous ACM

- ☐ ACBM with Potential for Damage  
☐ ACBM with Potential for Significant Damage  
☐ Any Remaining Friable ACBM  
 or Friable Suspected ACBM

Response:	Action(s)	Date of Response	Square/Linear Feet
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Comments:

SB-6  
UN 88

New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360



ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

FOR STATE USE ONLY

Building Assessed Wyne Poynt Middle School	Room/Functional Space Closet near Classroom 7
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SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____	Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____	<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____	Check One: <input type="checkbox"/> Sprayed on <input type="checkbox"/> Trowelled on <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> MISCELLANEOUS <input checked="" type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____
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homogeneous ID No. 07	Check One: <input checked="" type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input checked="" type="checkbox"/> Non-Friable	Total Sq./LF 75 Sq. Ft.	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3
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Damage Assessment

<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation	<input checked="" type="checkbox"/> ACBM with Potential for Damage
<input type="checkbox"/> Damaged Friable Surfacing ACM	<input type="checkbox"/> ACBM with Potential for Significant Damage
<input type="checkbox"/> Significantly Damaged Friable Surfacing ACM	<input type="checkbox"/> Any Remaining Friable ACBM
<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	or Friable Suspected ACBM

Response:	Action(s) Operations and Maintenance	Date of Response July 1, 1989	Square/Linear Feet 75 Square Feet
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SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/ Joint <input type="checkbox"/> Other: _____	Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____	<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____	Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other: _____	<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____
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homogeneous ID No.	Check One: <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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amage Assessment

<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation	<input type="checkbox"/> ACBM with Potential for Damage
<input type="checkbox"/> Damaged Friable Surfacing ACM	<input type="checkbox"/> ACBM with Potential for Significant Damage
<input type="checkbox"/> Significantly Damaged Friable Surfacing ACM	<input type="checkbox"/> Any Remaining Friable ACBM
<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	or Friable Suspected ACBM

esponse:	Action(s)	Date of Response	Square/Linear Feet
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omments:

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SS-6  
JN 88

New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360



ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

FOR STATE USE ONLY

Building Assessed  
Poynt Middle School

Room/Functional Space  
Closet near Classroom 39

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____		<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____		<input checked="" type="checkbox"/> MISCELLANEOUS <input checked="" type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
Homogeneous ID No. 37	Check One: <input checked="" type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input checked="" type="checkbox"/> Non-Friable	Total Sq./LF 80 Sq. Ft.	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3

Damage Assessment

☐ Damaged or ☐ Significantly Damaged  
Thermal System Insulation  
☐ Damaged Friable Surfacing ACM  
☐ Significantly Damaged Friable Surfacing ACM  
☐ Damaged or ☐ Significantly Damaged  
Friable Miscellaneous ACM

☒ ACBM with Potential for Damage  
☐ ACBM with Potential for Significant Damage  
☐ Any Remaining Friable ACBM  
or Friable Suspected ACBM

Response: Action(s) Date of Response Square/Linear Feet  
Operations and Maintenance July 1, 1989 80 Square Feet

Comments:

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____		<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____		<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
Homogeneous ID No.	Check One: <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

Damage Assessment

☐ Damaged or ☐ Significantly Damaged  
Thermal System Insulation  
☐ Damaged Friable Surfacing ACM  
☐ Significantly Damaged Friable Surfacing ACM  
☐ Damaged or ☐ Significantly Damaged  
Friable Miscellaneous ACM

☐ ACBM with Potential for Damage  
☐ ACBM with Potential for Significant Damage  
☐ Any Remaining Friable ACBM  
or Friable Suspected ACBM

Response: Action(s) Date of Response Square/Linear Feet

Comments:

SB-6  
JN 88New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

FOR STATE USE ONLY

Building Assessed  
Poynt Middle SchoolRoom/Functional Space  
Classroom 38

## SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed on <input type="checkbox"/> Trowelled on <input type="checkbox"/> Other: _____		<input checked="" type="checkbox"/> MISCELLANEOUS <input checked="" type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
Homogeneous ID No.	Check One: <input checked="" type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input checked="" type="checkbox"/> Non-Friable	Total Sq./LF 1,800 Sq. Ft.	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3

## Damage Assessment

- ☐ Damaged or ☐ Significantly Damaged  
 Thermal System Insulation  
☐ Damaged Friable Surfacing ACM  
☐ Significantly Damaged Friable Surfacing ACM  
☐ Damaged or ☐ Significantly Damaged  
 Friable Miscellaneous ACM

- ☒ ACBM with Potential for Damage  
☐ ACBM with Potential for Significant Damage  
☐ Any Remaining Friable ACBM  
 or Friable Suspected ACBM

Response:	Action(s) Operations and Maintenance	Date of Response July 1, 1989	Square/Linear Feet 1,800 Square Feet
_____		_____	_____
_____		_____	_____

## SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/ Joint <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other: _____		<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
Homogeneous ID No.	Check One: <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

## Damage Assessment

- ☐ Damaged or ☐ Significantly Damaged  
 Thermal System Insulation  
☐ Damaged Friable Surfacing ACM  
☐ Significantly Damaged Friable Surfacing ACM  
☐ Damaged or ☐ Significantly Damaged  
 Friable Miscellaneous ACM

- ☐ ACBM with Potential for Damage  
☐ ACBM with Potential for Significant Damage  
☐ Any Remaining Friable ACBM  
 or Friable Suspected ACBM

Response:	Action(s)	Date of Response	Square/Linear Feet
_____		_____	_____
_____		_____	_____

Comments:

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New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360



ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

FOR STATE USE ONLY

Building Assessed  
Poynt Middle School

Room/Functional Space  
Auditorium

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<b>( ) THERMAL</b> Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		<b>( ) SURFACING</b> Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed on <input type="checkbox"/> Trowelled on <input type="checkbox"/> Other: _____		<b>(X) MISCELLANEOUS</b> <input checked="" type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____
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Homogeneous ID No. 13	Check One: <input checked="" type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input checked="" type="checkbox"/> Non-Friable	Total Sq./LF 6,690 Sq. Ft.	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3
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Damage Assessment

- |  |   |
|--|---|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged<br>Thermal System Insulation<br><input type="checkbox"/> Damaged Friable Surfacing ACM<br><input type="checkbox"/> Significantly Damaged Friable Surfacing ACM<br><input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged<br>Friable Miscellaneous ACM | <input checked="" type="checkbox"/> ACBM with Potential for Damage<br><input type="checkbox"/> ACBM with Potential for Significant Damage<br><input type="checkbox"/> Any Remaining Friable ACBM<br>or Friable Suspected ACBM |
|--|---|

Response: Operations and Maintenance _____ _____	Action(s) _____ _____	Date of Response July 1, 1989 _____	Square/Linear Feet 6,690 Square Feet _____
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s:

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<b>( ) THERMAL</b> Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/ Joint <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		<b>( ) SURFACING</b> Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other: _____		<b>( ) MISCELLANEOUS</b> <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____
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Homogeneous ID No.	Check One: <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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Damage Assessment

- |  |  |
|--|--|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged<br>Thermal System Insulation<br><input type="checkbox"/> Damaged Friable Surfacing ACM<br><input type="checkbox"/> Significantly Damaged Friable Surfacing ACM<br><input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged<br>Friable Miscellaneous ACM | <input type="checkbox"/> ACBM with Potential for Damage<br><input type="checkbox"/> ACBM with Potential for Significant Damage<br><input type="checkbox"/> Any Remaining Friable ACBM<br>or Friable Suspected ACBM |
|--|--|

sponse: _____ _____	Action(s) _____ _____	Date of Response _____ _____	Square/Linear Feet _____ _____
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New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

FOR STATE USE ONLY

Building Assessed  
Pine Point Middle SchoolRoom/Functional Space  
Cafeteria

## SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed on <input type="checkbox"/> Trowelled on <input type="checkbox"/> Other: _____		<input checked="" type="checkbox"/> MISCELLANEOUS <input checked="" type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
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Homogeneous ID No. 08	Check One: <input checked="" type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input checked="" type="checkbox"/> Non-Friable	Total Sq./LF 4,990 Sq. Ft.	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3
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## Damage Assessment

- ☐ Damaged or ☐ Significantly Damaged  
 Thermal System Insulation  
☐ Damaged Friable Surfacing ACM  
☐ Significantly Damaged Friable Surfacing ACM  
☐ Damaged or ☐ Significantly Damaged  
 Friable Miscellaneous ACM

- ☒ ACBM with Potential for Damage  
☐ ACBM with Potential for Significant Damage  
☐ Any Remaining Friable ACBM  
 or Friable Suspected ACBM

Response:	Action(s) Operations and Maintenance	Date of Response July 1, 1989	Square/Linear Feet 4,990 Square Feet
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s:

## SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/ Joint <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other: _____		<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
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Homogeneous ID No.	Check One: <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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## Damage Assessment

- ☐ Damaged or ☐ Significantly Damaged  
 Thermal System Insulation  
☐ Damaged Friable Surfacing ACM  
☐ Significantly Damaged Friable Surfacing ACM  
☐ Damaged or ☐ Significantly Damaged  
 Friable Miscellaneous ACM

- ☐ ACBM with Potential for Damage  
☐ ACBM with Potential for Significant Damage  
☐ Any Remaining Friable ACBM  
 or Friable Suspected ACBM

Response:	Action(s)	Date of Response	Square/Linear Feet
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Comments:

New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

FOR STATE USE ONLY

Building Assessed  
Plymouth Poynt Middle SchoolRoom/Functional Space  
Crawlspace

## SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<b>X) THERMAL</b> Check One: (X) Pipe Insulation ( ) Elbow/Joint ( ) Other:		Check One: (X) Air Cell ( ) Cementitious ( ) Solid Lag ( ) Other:		<b>( ) SURFACING</b> Check One: ( ) Ceiling ( ) Wall ( ) Other:		Check One: ( ) Sprayed on ( ) Trowelled on ( ) Other:		<b>( ) MISCELLANEOUS</b> ( ) VAT ( ) Ceiling Tiles ( ) Transite ( ) Other:	
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Homogeneous ID No.	Check One: (X) Sample Taken ( ) Material Assumed	Material (X) Friable ( ) Non-Friable	Total Sq./LF 800 Ln. Ft.	Material ( ) Localized (X) Distributed	Accessibility (See Instructions) (X)1 ( )2 ( )3
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## Damage Assessment

- ( ) Damaged or ( ) Significantly Damaged  
Thermal System Insulation  
( ) Damaged Friable Surfacing ACM  
( ) Significantly Damaged Friable Surfacing ACM  
( ) Damaged or ( ) Significantly Damaged  
Friable Miscellaneous ACM

- (X) ACBM with Potential for Damage  
( ) ACBM with Potential for Significant Damage  
( ) Any Remaining Friable ACBM  
or Friable Suspected ACBM

Response:	Action(s)	Date of Response	Square/Linear Feet

ts:

## SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<b>( ) THERMAL</b> Check One: ( ) Pipe Insulation ( ) Elbow/ Joint ( ) Other:		Check One: ( ) Air Cell ( ) Cementitious ( ) Solid Lag ( ) Other:		<b>( ) SURFACING</b> Check One: ( ) Ceiling ( ) Wall ( ) Other:		Check One: ( ) Sprayed On ( ) Trowelled On ( ) Other:		<b>( ) MISCELLANEOUS</b> ( ) VAT ( ) Ceiling Tiles ( ) Transite ( ) Other:	
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Homogeneous ID No.	Check One: ( ) Sample Taken ( ) Material Assumed	Material ( ) Friable ( ) Non-Friable	Total Sq./LF	Material ( ) Localized ( ) Distributed	Accessibility (See Instructions) ( )1 ( )2 ( )3
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## Damage Assessment

- ( ) Damaged or ( ) Significantly Damaged  
Thermal System Insulation  
( ) Damaged Friable Surfacing ACM  
( ) Significantly Damaged Friable Surfacing ACM  
( ) Damaged or ( ) Significantly Damaged  
Friable Miscellaneous ACM

- ( ) ACBM with Potential for Damage  
( ) ACBM with Potential for Significant Damage  
( ) Any Remaining Friable ACBM  
or Friable Suspected ACBM

Response:	Action(s)	Date of Response	Square/Linear Feet

Comments:

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New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360



ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

FOR STATE USE ONLY

Building Assessed  
Pyne Poynt Middle School

Room/Functional Space  
1st. Floor Corridor

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input checked="" type="checkbox"/> THERMAL Check One: <input checked="" type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____ Check One: <input checked="" type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed on <input type="checkbox"/> Trowelled on <input type="checkbox"/> Other: _____		<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
Homogeneous ID No.	Check One: <input checked="" type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF 36 Ln. Ft.	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3

Damage Assessment

- ☐ Damaged or ☐ Significantly Damaged  
 Thermal System Insulation  
☐ Damaged Friable Surfacing ACM  
☐ Significantly Damaged Friable Surfacing ACM  
☐ Damaged or ☐ Significantly Damaged  
 Friable Miscellaneous ACM

- ☒ ACBM with Potential for Damage  
☐ ACBM with Potential for Significant Damage  
☐ Any Remaining Friable ACBM  
 or Friable Suspected ACBM

Response:	Action(s)	Date of Response	Square/Linear Feet

ts: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/ Joint <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other: _____		<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
Homogeneous ID No.	Check One: <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

Damage Assessment

- ☐ Damaged or ☐ Significantly Damaged  
 Thermal System Insulation  
☐ Damaged Friable Surfacing ACM  
☐ Significantly Damaged Friable Surfacing ACM  
☐ Damaged or ☐ Significantly Damaged  
 Friable Miscellaneous ACM

- ☐ ACBM with Potential for Damage  
☐ ACBM with Potential for Significant Damage  
☐ Any Remaining Friable ACBM  
 or Friable Suspected ACBM

Response:	Action(s)	Date of Response	Square/Linear Feet

omments: \_\_\_\_\_

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New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360



ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

FOR STATE USE ONLY

Building Assessed  
Wyne Poynt Middle School

Room/Functional Space  
Storage between Rooms 7 and 10 1st. Floor

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<b>(X) THERMAL</b> Check One: (X) Pipe Insulation ( ) Elbow/Joint ( ) Other: _____		Check One: (X) Air Cell ( ) Cementitious ( ) Solid Lag ( ) Other: _____		<b>( ) SURFACING</b> Check One: ( ) Ceiling ( ) Wall ( ) Other: _____		Check One: ( ) Sprayed on ( ) Trowelled on ( ) Other: _____		<b>( ) MISCELLANEOUS</b> ( ) VAT ( ) Ceiling Tiles ( ) Transite ( ) Other: _____	
Homogeneous ID No.	Check One: (X) Sample Taken ( ) Material Assumed	Material (X) Friable ( ) Non-Friable	Total Sq./LF 50 Ln. Ft.	Material ( ) Localized (X) Distributed	Accessibility (See Instructions) ( ) 1 (X) 2 ( ) 3				

Damage Assessment

- |  |   |
|--|---|
| ( ) Damaged or ( ) Significantly Damaged<br>Thermal System Insulation<br>( ) Damaged Friable Surfacing ACM<br>( ) Significantly Damaged Friable Surfacing ACM<br>( ) Damaged or ( ) Significantly Damaged<br>Friable Miscellaneous ACM | (X) ACBM with Potential for Damage<br>( ) ACBM with Potential for Significant Damage<br>( ) Any Remaining Friable ACBM<br>or Friable Suspected ACBM |
|--|---|

Response:	Action(s)	Date of Response	Square/Linear Feet

Comments:

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<b>( ) THERMAL</b> Check One: ( ) Pipe Insulation ( ) Elbow/ Joint ( ) Other: _____		Check One: ( ) Air Cell ( ) Cementitious ( ) Solid Lag ( ) Other: _____		<b>( ) SURFACING</b> Check One: ( ) Ceiling ( ) Wall ( ) Other: _____		Check One: ( ) Sprayed On ( ) Trowelled On ( ) Other: _____		<b>( ) MISCELLANEOUS</b> ( ) VAT ( ) Ceiling Tiles ( ) Transite ( ) Other: _____	
Homogeneous ID No.	Check One: ( ) Sample Taken ( ) Material Assumed	Material ( ) Friable ( ) Non-Friable	Total Sq./LF	Material ( ) Localized ( ) Distributed	Accessibility (See Instructions) ( ) 1 ( ) 2 ( ) 3				

Damage Assessment

- |  |   |
|--|---|
| ( ) Damaged or ( ) Significantly Damaged<br>Thermal System Insulation<br>( ) Damaged Friable Surfacing ACM<br>( ) Significantly Damaged Friable Surfacing ACM<br>( ) Damaged or ( ) Significantly Damaged<br>Friable Miscellaneous ACM | ( ) ACBM with Potential for Damage<br>( ) ACBM with Potential for Significant Damage<br>( ) Any Remaining Friable ACBM<br>or Friable Suspected ACBM |
|--|---|

Response:	Action(s)	Date of Response	Square/Linear Feet

Comments:

New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

FOR STATE USE ONLY

Building Assessed  
Wyne Poynt Middle SchoolRoom/Functional Space  
Storage between Rooms 14 and 15 1st. Floor

## SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<b>(X) THERMAL</b> Check One: <input checked="" type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____ Check One: <input checked="" type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		<b>( ) SURFACING</b> Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed on <input type="checkbox"/> Trowelled on <input type="checkbox"/> Other: _____		<b>( ) MISCELLANEOUS</b> <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
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Homogeneous ID No. 02	Check One: <input checked="" type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF 48 Ln. Ft.	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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## Damage Assessment

- |  |   |
|--|---|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged<br>Thermal System Insulation<br><input type="checkbox"/> Damaged Friable Surfacing ACM<br><input type="checkbox"/> Significantly Damaged Friable Surfacing ACM<br><input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged<br>Friable Miscellaneous ACM | <input checked="" type="checkbox"/> ACBM with Potential for Damage<br><input type="checkbox"/> ACBM with Potential for Significant Damage<br><input type="checkbox"/> Any Remaining Friable ACBM<br>or Friable Suspected ACBM |
|--|---|

Response:	Action(s)	Date of Response	Square/Linear Feet
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_____	_____	_____
_____	_____	_____

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## SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<b>( ) THERMAL</b> Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/ Joint <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		<b>( ) SURFACING</b> Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other: _____		<b>( ) MISCELLANEOUS</b> <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
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Homogeneous ID No.	Check One: <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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## Damage Assessment

- |  |  |
|--|--|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged<br>Thermal System Insulation<br><input type="checkbox"/> Damaged Friable Surfacing ACM<br><input type="checkbox"/> Significantly Damaged Friable Surfacing ACM<br><input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged<br>Friable Miscellaneous ACM | <input type="checkbox"/> ACBM with Potential for Damage<br><input type="checkbox"/> ACBM with Potential for Significant Damage<br><input type="checkbox"/> Any Remaining Friable ACBM<br>or Friable Suspected ACBM |
|--|--|

Response:	Action(s)	Date of Response	Square/Linear Feet
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_____	_____	_____
_____	_____	_____

Comments:

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New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360



ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

FOR STATE USE ONLY

Building Assessed  
Dyane Poynt Middle School

Room/Functional Space  
Storage beside Room 4 Partial Ground Floor

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input checked="" type="checkbox"/> THERMAL Check One: <input checked="" type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____ Check One: <input checked="" type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed on <input type="checkbox"/> Trowelled on <input type="checkbox"/> Other: _____		<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
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Homogeneous ID No. 02	Check One: <input checked="" type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF 4 Ln. Ft.	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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Damage Assessment

- |  |   |
|--|---|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged<br>Thermal System Insulation<br><input type="checkbox"/> Damaged Friable Surfacing ACM<br><input type="checkbox"/> Significantly Damaged Friable Surfacing ACM<br><input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged<br>Friable Miscellaneous ACM | <input checked="" type="checkbox"/> ACBM with Potential for Damage<br><input type="checkbox"/> ACBM with Potential for Significant Damage<br><input type="checkbox"/> Any Remaining Friable ACBM<br>or Friable Suspected ACBM |
|--|---|

Response:	Action(s)	Date of Response	Square/Linear Feet

Comments:

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/ Joint <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other: _____		<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
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Homogeneous ID No.	Check One: <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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Damage Assessment

- |  |  |
|--|--|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged<br>Thermal System Insulation<br><input type="checkbox"/> Damaged Friable Surfacing ACM<br><input type="checkbox"/> Significantly Damaged Friable Surfacing ACM<br><input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged<br>Friable Miscellaneous ACM | <input type="checkbox"/> ACBM with Potential for Damage<br><input type="checkbox"/> ACBM with Potential for Significant Damage<br><input type="checkbox"/> Any Remaining Friable ACBM<br>or Friable Suspected ACBM |
|--|--|

Response:	Action(s)	Date of Response	Square/Linear Feet

Comments:

ASB-6  
JUN 88

New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360



ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

FOR STATE USE ONLY

Building Assessed  
Pyne Poynt Middle School

Room/Functional Space  
Room 7 Partial Ground Floor

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input checked="" type="checkbox"/> THERMAL Check One: <input checked="" type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____ Check One: <input checked="" type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed on <input type="checkbox"/> Trowelled on <input type="checkbox"/> Other: _____		<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
Homogeneous ID No. 02	Check One: <input checked="" type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF 30 Ln. Ft.	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

Damage Assessment

- ☐ Damaged or ☐ Significantly Damaged  
 Thermal System Insulation  
☐ Damaged Friable Surfacing ACM  
☐ Significantly Damaged Friable Surfacing ACM  
☐ Damaged or ☐ Significantly Damaged  
 Friable Miscellaneous ACM

- ☒ ACBM with Potential for Damage  
☐ ACBM with Potential for Significant Damage  
☐ Any Remaining Friable ACBM  
 or Friable Suspected ACBM

Response:	Action(s)	Date of Response	Square/Linear Feet

Comments: \_\_\_\_\_

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/ Joint <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other: _____		<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
Homogeneous ID No.	Check One: <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

Damage Assessment

- ☐ Damaged or ☐ Significantly Damaged  
 Thermal System Insulation  
☐ Damaged Friable Surfacing ACM  
☐ Significantly Damaged Friable Surfacing ACM  
☐ Damaged or ☐ Significantly Damaged  
 Friable Miscellaneous ACM

- ☐ ACBM with Potential for Damage  
☐ ACBM with Potential for Significant Damage  
☐ Any Remaining Friable ACBM  
 or Friable Suspected ACBM

Response:	Action(s)	Date of Response	Square/Linear Feet

Comments: \_\_\_\_\_

ASB-6  
UN 88

New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360



ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

FOR STATE USE ONLY

Building Assessed  
Tyne Poynt Middle School

Room/Functional Space  
Storage beside Room 7 Partial Ground Floor

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input checked="" type="checkbox"/> THERMAL Check One: <input checked="" type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____ Check One: <input checked="" type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed on <input type="checkbox"/> Trowelled on <input type="checkbox"/> Other: _____		<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
Homogeneous ID No.	Check One: <input checked="" type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF 30 Ln. Ft.	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

Damage Assessment

- |  |   |
|--|---|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged<br>Thermal System Insulation<br><input type="checkbox"/> Damaged Friable Surfacing ACM<br><input type="checkbox"/> Significantly Damaged Friable Surfacing ACM<br><input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged<br>Friable Miscellaneous ACM | <input checked="" type="checkbox"/> ACBM with Potential for Damage<br><input type="checkbox"/> ACBM with Potential for Significant Damage<br><input type="checkbox"/> Any Remaining Friable ACBM<br>or Friable Suspected ACBM |
|--|---|

Response:	Action(s)	Date of Response	Square/Linear Feet

Comments:

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/ Joint <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other: _____		<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
Homogeneous ID No.	Check One: <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

Damage Assessment

- |  |  |
|--|--|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged<br>Thermal System Insulation<br><input type="checkbox"/> Damaged Friable Surfacing ACM<br><input type="checkbox"/> Significantly Damaged Friable Surfacing ACM<br><input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged<br>Friable Miscellaneous ACM | <input type="checkbox"/> ACBM with Potential for Damage<br><input type="checkbox"/> ACBM with Potential for Significant Damage<br><input type="checkbox"/> Any Remaining Friable ACBM<br>or Friable Suspected ACBM |
|--|--|

Response:	Action(s)	Date of Response	Square/Linear Feet

Comments:

SB-6  
JN 88New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

FOR STATE USE ONLY

Building Assessed  
Poynt Middle SchoolRoom/Functional Space  
Storage across from Room 4 Ground Floor

## SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input checked="" type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed on <input type="checkbox"/> Trowelled on <input type="checkbox"/> Other: _____		<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
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Homogeneous ID No.	Check One: <input checked="" type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF 30 Ln. Ft.	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3
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## Damage Assessment

- ☐ Damaged or ☐ Significantly Damaged  
 Thermal System Insulation  
☐ Damaged Friable Surfacing ACM  
☐ Significantly Damaged Friable Surfacing ACM  
☐ Damaged or ☐ Significantly Damaged  
 Friable Miscellaneous ACM

- ☒ ACBM with Potential for Damage  
☐ ACBM with Potential for Significant Damage  
☐ Any Remaining Friable ACBM  
 or Friable Suspected ACBM

Response:	Action(s)	Date of Response	Square/Linear Feet

## SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/ Joint <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other: _____		<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
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Homogeneous ID No.	Check One: <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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## Damage Assessment

- ☐ Damaged or ☐ Significantly Damaged  
 Thermal System Insulation  
☐ Damaged Friable Surfacing ACM  
☐ Significantly Damaged Friable Surfacing ACM  
☐ Damaged or ☐ Significantly Damaged  
 Friable Miscellaneous ACM

- ☐ ACBM with Potential for Damage  
☐ ACBM with Potential for Significant Damage  
☐ Any Remaining Friable ACBM  
 or Friable Suspected ACBM

Response:	Action(s)	Date of Response	Square/Linear Feet

Comments:

ASB-6  
 JUN 88

 New Jersey State Department of Health  
 Asbestos Control Service  
 CN 360, Trenton, NJ 08625-0360

 ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
 RESPONSE ACTIONS

FOR STATE USE ONLY

 Building Assessed  
 Pyne Poynt Middle School

 Room/Functional Space  
 Storage beside Room 19 Ground Floor

## SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

(X) THERMAL Check One: (X) Pipe Insulation ( ) Elbow/Joint ( ) Other:		Check One: (X) Air Cell ( ) Cementitious ( ) Solid Lag ( ) Other:		( ) SURFACING Check One: ( ) Ceiling ( ) Wall ( ) Other:		Check One: ( ) Sprayed on ( ) Trowelled on ( ) Other:		( ) MISCELLANEOUS ( ) VAT ( ) Ceiling Tiles ( ) Transite ( ) Other:	
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Homogeneous ID No.	Check One: (X) Sample Taken ( ) Material Assumed	Material (X) Friable ( ) Non-Friable	Total Sq./LF 12 Ln. Ft.	Material ( ) Localized (X) Distributed	Accessibility (See Instructions) ( ) 1 (X) 2 ( ) 3
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## Damage Assessment

- ( ) Damaged or ( ) Significantly Damaged  
 Thermal System Insulation  
 ( ) Damaged Friable Surfacing ACM  
 ( ) Significantly Damaged Friable Surfacing ACM  
 ( ) Damaged or ( ) Significantly Damaged  
 Friable Miscellaneous ACM

- (X) ACBM with Potential for Damage  
 ( ) ACBM with Potential for Significant Damage  
 ( ) Any Remaining Friable ACBM  
 or Friable Suspected ACBM

Response:	Action(s)	Date of Response	Square/Linear Feet

S:

## SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

( ) THERMAL Check One: ( ) Pipe Insulation ( ) Elbow/ Joint ( ) Other:		Check One: ( ) Air Cell ( ) Cementitious ( ) Solid Lag ( ) Other:		( ) SURFACING Check One: ( ) Ceiling ( ) Wall ( ) Other:		Check One: ( ) Sprayed On ( ) Trowelled On ( ) Other:		( ) MISCELLANEOUS ( ) VAT ( ) Ceiling Tiles ( ) Transite ( ) Other:	
--	--	---	--	--	--	--	--	---	--

Homogeneous ID No.	Check One: ( ) Sample Taken ( ) Material Assumed	Material ( ) Friable ( ) Non-Friable	Total Sq./LF	Material ( ) Localized ( ) Distributed	Accessibility (See Instructions) ( ) 1 ( ) 2 ( ) 3
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## Damage Assessment

- ( ) Damaged or ( ) Significantly Damaged  
 Thermal System Insulation  
 ( ) Damaged Friable Surfacing ACM  
 ( ) Significantly Damaged Friable Surfacing ACM  
 ( ) Damaged or ( ) Significantly Damaged  
 Friable Miscellaneous ACM

- ( ) ACBM with Potential for Damage  
 ( ) ACBM with Potential for Significant Damage  
 ( ) Any Remaining Friable ACBM  
 or Friable Suspected ACBM

Response:	Action(s)	Date of Response	Square/Linear Feet

Comments:

ASB-6  
JUN 88New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

FOR STATE USE ONLY

Building Assessed  
Pyne Poynt Middle SchoolRoom/Functional Space  
Storage beside Room 30

## SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

## (X) THERMAL

Check One:

(X) Pipe Insulation

( ) Elbow/Joint

( ) Other:

Check One:

(X) Air Cell

( ) Cementitious

( ) Solid Lag

( ) Other:

## ( ) SURFACING

Check One:

( ) Ceiling

( ) Wall

( ) Other:

Check One:

( ) Sprayed on

( ) Trowelled on

( ) Other:

## ( ) MISCELLANEOUS

( ) VAT

( ) Ceiling Tiles

( ) Transite

( ) Other:

Homogeneous ID No.

Check One:

(X) Sample Taken

( ) Material Assumed

Material

(X) Friable

( ) Non-Friable

Total Sq./LF

60 Ln. Ft.

Material

( ) Localized

(X) Distributed

Accessibility

(See Instructions)

( )1 (X)2 ( )3

## Damage Assessment

( ) Damaged or ( ) Significantly Damaged

Thermal System Insulation

( ) Damaged Friable Surfacing ACM

( ) Significantly Damaged Friable Surfacing ACM

( ) Damaged or ( ) Significantly Damaged

Friable Miscellaneous ACM

(X) ACBM with Potential for Damage

( ) ACBM with Potential for Significant Damage

( ) Any Remaining Friable ACBM

or Friable Suspected ACBM

Response:

Action(s)

Date of Response

Square/Linear Feet

Comments:

## SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

## ( ) THERMAL

Check One:

( ) Pipe Insulation

( ) Elbow/ Joint

( ) Other:

Check One:

( ) Air Cell

( ) Cementitious

( ) Solid Lag

( ) Other:

## ( ) SURFACING

Check One:

( ) Ceiling

( ) Wall

( ) Other:

Check One:

( ) Sprayed On

( ) Trowelled On

( ) Other:

## ( ) MISCELLANEOUS

( ) VAT

( ) Ceiling Tiles

( ) Transite

( ) Other:

Homogeneous ID No.

Check One:

( ) Sample Taken

( ) Material Assumed

Material

( ) Friable

( ) Non-Friable

Total Sq./LF

Material

( ) Localized

( ) Distributed

Accessibility

(See Instructions)

( )1 ( )2 ( )3

## Damage Assessment

( ) Damaged or ( ) Significantly Damaged

Thermal System Insulation

( ) Damaged Friable Surfacing ACM

( ) Significantly Damaged Friable Surfacing ACM

( ) Damaged or ( ) Significantly Damaged

Friable Miscellaneous ACM

( ) ACBM with Potential for Damage

( ) ACBM with Potential for Significant Damage

( ) Any Remaining Friable ACBM

or Friable Suspected ACBM

Response:

Action(s)

Date of Response

Square/Linear Feet

Comments:

SS-6  
UN 88

New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360



ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

FOR STATE USE ONLY

Building Assessed  
Poynt Middle School

Room/Functional Space  
Storage beside Room 37

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input checked="" type="checkbox"/> THERMAL Check One: <input checked="" type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____ Check One: <input checked="" type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____	<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed on <input type="checkbox"/> Trowelled on <input type="checkbox"/> Other: _____	<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____
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Homogeneous ID No. 02	Check One: <input checked="" type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF 60 Ln. Ft.	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3
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Damage Assessment

- ☐ Damaged or ☐ Significantly Damaged  
 Thermal System Insulation  
☐ Damaged Friable Surfacing ACM  
☐ Significantly Damaged Friable Surfacing ACM  
☐ Damaged or ☐ Significantly Damaged  
 Friable Miscellaneous ACM

- ☒ ACBM with Potential for Damage  
☐ ACBM with Potential for Significant Damage  
☐ Any Remaining Friable ACBM  
 or Friable Suspected ACBM

Response:	Action(s)	Date of Response	Square/Linear Feet

Comments:

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/ Joint <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____	<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other: _____	<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____
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Homogeneous ID No.	Check One: <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
--------------------	--	--	--------------	--	---

Damage Assessment

- ☐ Damaged or ☐ Significantly Damaged  
 Thermal System Insulation  
☐ Damaged Friable Surfacing ACM  
☐ Significantly Damaged Friable Surfacing ACM  
☐ Damaged or ☐ Significantly Damaged  
 Friable Miscellaneous ACM

- ☐ ACBM with Potential for Damage  
☐ ACBM with Potential for Significant Damage  
☐ Any Remaining Friable ACBM  
 or Friable Suspected ACBM

Response:	Action(s)	Date of Response	Square/Linear Feet

Comments:

ASBESTOS MANAGEMENT PLAN - HOMOGENEOUS MATERIAL IDENTIFICATION



FOR STATE USE ONLY

Building Assessed: Pyne Poynt Middle School

Homogeneous ID No. F01	<input checked="" type="checkbox"/> Sampled <input type="checkbox"/> Assumed	Homogeneous ID No. F02	<input checked="" type="checkbox"/> Sampled <input type="checkbox"/> Assumed	Homogeneous ID No. F05	<input checked="" type="checkbox"/> Sampled <input type="checkbox"/> Assumed	Homogeneous ID No. F07	<input checked="" type="checkbox"/> Sampled <input type="checkbox"/> Assumed
Description of Material 9" x 9" Green Floor Tile		Description of Material 12" x 12" Tan Floor Tile		Description of Material 9" x 9" Tan Floor Tile		Description of Material 9" x 9" Gray Floor Tile	
List All Locations Rooms #31, 30, 26, 23, 7, 15, 17, 18, 19, Hallway between #18, #17		List All Locations Rooms #24, 25, 22, 21, 17, 20, 21, 17, 20, 11, 12, 13, 14, 16, 7, 8 Ground Floor, #1, 4, 2, 3, 5, 6, 8, 9, 10, Storage 1st. Floor, #1-11, 13-21		List All Locations Partial Ground Floor, Storage Room next to Room #19, 1st. Floor, Closet #9, Closet #21		List All Locations Room #7, Custodian Closet Room #39, Custodian Closet Room #38	
Total Footage of Damage 4735 Sq Ft		Total Footage of Damage 27450 Sq Ft		Total Footage of Damage 250 Sq Ft.		Total Footage of Damage 1135 Sq Ft.	
Total Footage of Damage -		Total Footage of Damage -		Total Footage of Damage -		Total Footage of Damage -	
% Damage of Total -		% Damage of Total -		% Damage of Total -		% Damage of Total -	
Damage Severity *		Damage Severity *		Damage Severity *		Damage Severity *	
<input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Severe <input type="checkbox"/> Occasional		<input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Severe <input type="checkbox"/> Occasional		<input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Severe <input type="checkbox"/> Occasional		<input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Severe <input type="checkbox"/> Occasional	

\* See Instructions



ASBESTOS MANAGEMENT PLAN - HOMOGENEOUS MATERIAL IDENTIFICATION



FOR STATE USE ONLY

Building Assessed: Pyne Poynt Middle School

Homogeneous ID No. C04	<input checked="" type="checkbox"/> Sampled <input type="checkbox"/> Assumed	Homogeneous ID No. C05	<input checked="" type="checkbox"/> Sampled <input type="checkbox"/> Assumed	Homogeneous ID No. BC1	<input checked="" type="checkbox"/> Sampled <input type="checkbox"/> Assumed	Homogeneous ID No. BF1	<input checked="" type="checkbox"/> Sampled <input type="checkbox"/> Assumed
Description of Material 12" x 12" Smooth		Description of Material 2' x 4' Gouged		Description of Material Boiler Insulation		Description of Material Boiler Flue	
List All Locations First Floor #8, #26, #19, Partial Ground Floor #9		List All Locations Partial Ground Floor #7 Partial Ground Floor #7, 8, 14, #2 Storage 1st. Floor, Room #15, Storage Room		List All Locations "W" Room		List All Locations Boiler Room Ground Floor	
Total Footage of Damage 1760 Sq Ft		Total Footage of Damage 5210 Sq Ft		Total Footage of Damage 700 Sq Ft		Total Footage of Damage 600 Sq Ft	
% Damage of Total -		% Damage of Total -		% Damage of Total -		% Damage of Total -	
Damage Severity * <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Severe <input type="checkbox"/> Occasional		Damage Severity * <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Severe <input type="checkbox"/> Occasional		Damage Severity * <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Severe <input type="checkbox"/> Occasional		Damage Severity * <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Severe <input type="checkbox"/> Occasional	

\* See Instructions

ASBESTOS MANAGEMENT PLAN - HOMOGENEOUS MATERIAL IDENTIFICATION



FOR STATE USE ONLY

Building Assessed: Pyne Poynt Middle School

Homogeneous ID No. W01	<input checked="" type="checkbox"/> Sampled <input type="checkbox"/> Assumed	Homogeneous ID No. W02	<input checked="" type="checkbox"/> Sampled <input type="checkbox"/> Assumed	Homogeneous ID No. W09	<input checked="" type="checkbox"/> Sampled <input type="checkbox"/> Assumed	Homogeneous ID No. FD1	<input checked="" type="checkbox"/> Sampled <input type="checkbox"/> Assumed
Description of Material Wall Plaster		Description of Material Wall Sheetrock		Description of Material Acoustical Wall Tile		Description of Material Fire Doors	
<p>List All Locations</p> <p>Partial Ground Floor, Room #2, Storage, Room #7, Storage Partial Ground Floor, #10, #18, #30 1st. Floor, #9, #17</p>		<p>List All Locations</p> <p>1st. Floor Room #15, Storage Room</p>		<p>List All Locations</p> <p>Partial Ground Floor #5, #6</p>		<p>List All Locations</p> <p>Boiler Room Ground Doors</p>	
<p>Total Footage 280000 Sq. Ft</p> <p>Total Footage of Damage -</p> <p>% Damage of Total -</p>		<p>Total Footage 240 Sq</p> <p>Total Footage of Damage -</p> <p>% Damage of Total -</p>		<p>Total Footage 60 Sq</p> <p>Total Footage of Damage -</p> <p>% Damage of Total -</p>		<p>Total Footage 866 Sq</p> <p>Total Footage of Damage -</p> <p>% Damage of Total -</p>	
<p>Damage Severity *</p> <p><input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Severe <input type="checkbox"/> Occasional</p>		<p>Damage Severity *</p> <p><input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Severe <input type="checkbox"/> Occasional</p>		<p>Damage Severity *</p> <p><input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Severe <input type="checkbox"/> Occasional</p>		<p>Damage Severity *</p> <p><input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Severe <input type="checkbox"/> Occasional</p>	

\* See Instructions

ASBESTOS MANAGEMENT PLAN - HOMOGENEOUS MATERIAL IDENTIFICATION

Building Assessed: Pyne Poynt Middle School

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Homogeneous ID No. P01	<input checked="" type="checkbox"/> Sampled <input type="checkbox"/> Assumed	Homogeneous ID No. PE2	<input checked="" type="checkbox"/> Sampled <input type="checkbox"/> Assumed	Homogeneous ID No. P02	<input checked="" type="checkbox"/> Sampled <input type="checkbox"/> Assumed	Homogeneous ID No. PE1	<input checked="" type="checkbox"/> Sampled <input type="checkbox"/> Assumed
Description of Material Crawl Space		Description of Material Crawl Space		Description of Material Pipe Insulation		Description of Material Ground and first floor Pipe Elbows	
Pipe Insulation		Pipe Elbows					
List All Locations Partial Ground Floor		List All Locations Ground Floor		List All Locations 1st. Floor: Corridor, Storage, between #14, #15 Partial Ground Floor, #7, #4, Storage, Ground Floor Storage across the Corridor from Room 4, storage outside of Room 19, Storage beside Room 30, Storage, beside Room 37		List All Locations Ground Floor #7 1st. Floor, Storage (between 14 & 15)	
Crawl Space (#7, 8, 9) (between #9, #13)		Crawl Space					
Total Footage 800 Sq ft.		Total Footage of Damage - %		Total Footage of Damage - %		Total Footage of Damage 70 Ln ft.	
Damage Severity *		Damage Severity *		Damage Severity *		Damage Severity *	
<input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Severe <input type="checkbox"/> Occasional		<input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Severe <input type="checkbox"/> Occasional		<input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Severe <input type="checkbox"/> Occasional		<input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Severe <input type="checkbox"/> Occasional	

\* See Instructions

New Jersey State Department of Health  
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ASBESTOS MANAGEMENT PLAN  
LISTING OF LABORATORIES UTILIZED FOR SAMPLE ANALYSIS

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Building Assessed: Pyne Poynt Middle School

Lab No.	Laboratory Name and Address	County	Telephone Number	NJSDH Certification No. (if applicable)
1	Testwell Craig Testing Laboratories 565 East Harding Highway Mays Landing, New Jersey 08330	Atlantic	(609) 625-1700	N/A
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

ASBESTOS MANAGEMENT PLAN - SUMMARY OF LABORATORY SAMPLES

(A copy of the Chain of Custody form and Laboratory Analysis form for each sample MUST be included.)

Building Assesed: Pyne Poynt School

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Sample Number	Name of Sample Collector	Type*	Homo- geneous ID No.	Exact Location	Result		Lab ID Number	Date		Manner to determine location*	Method of Analysis
					%	Type of Asbestos		Collected	Analyzed		
F01-1	John Cameron	2	F01	Room #31	15%	Chrysotile	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
F01-2	John Cameron	2	F01	Room #30	15%	Chrysotile	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
F01-3	John Cameron	2	F01	Room #26	15%	Chrysotile	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
F01-4	John Cameron	2	F01	Room #23	15%	Chrysotile	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
F01-5	John Cameron	2	F01	Room #7	15%	Chrysotile	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
F02-1	John Cameron	2	F02	Room #25	-		1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM

\* Type Codes:

- 1 - Air
- 2 - Bulk
- 3 - Surface

\*\*Codes -

- Manner used to determine Sampling location (list all reasons which apply for each sample):
- A - The total extent of each homogeneous area was analyzed.
- B - The number of samples are as required.
- C - The material at each selected location is representative of the homogeneous area.
- D - The locations are UNIFORMLY distributed throughout the homogeneous area.
- E - The locations are RANDOMLY distributed throughout the homogeneous area.
- F - Each location is reasonably accessible.

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ASBESTOS MANAGEMENT PLAN - SUMMARY OF LABORATORY SAMPLES

(A copy of the Chain of Custody form and Laboratory Analysis form for each sample MUST be included.)

Building Assesed:  
Pyne Point Middle School

H

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Sample Number	Name of Sample Collector	Type*	Homo-geneous ID No.	Exact Location	Result		Lab ID Number	Date		Manner to determine location**	Method of Analysis
					%	Type of Asbestos		Collected	Analyzed		
F02-2	John Cameron	2	F02	Room #14		None Detected	1	11/11/88	5/13/89	ABCEF	PLM
F02-3	John Cameron	2	F02	Room #21		None Detected	1	11/11/88	5/13/89	ABCEF	PLM
F02-4	John Cameron	2	F02	Room #12		None Detected	1	11/11/88	5/13/89	ABCEF	PLM
F02-5	John Cameron	2	F02	Room #10		None Detected	1	11/11/88	5/13/89	ABCEF	PLM
F02-6	John Cameron	2	F02	Room #3		None Detected	1	11/11/88	5/13/89	ABCEF	PLM
F02-7	John Cameron	2	F02	Room #11		None Detected	1	11/11/88	3/13/89	ABCEF	PLM

\* Type Codes:  
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3 - Surface

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ASBESTOS MANAGEMENT PLAN - SUMMARY OF LABORATORY SAMPLES

(A copy of the Chain of Custody form and Laboratory Analysis form for each sample MUST be included.)

Building Assesed:  
Pyne Point Middle School

Sample Number	Name of Sample Collector	Type*	Homo- geneous ID No.	Exact Location	Result		Lab ID Number	Date		Manner to determine location**	Method of Analysis
					%	Type of Asbestos		Collected	Analyzed		
F05-1	John Cameron	2	F05	Room #21	10%	Chrysotile	1	11/11/88	3/13/89	ABCEF	PLM
F05-2	John Cameron	2	F05	Room #9	10%	Chrysotile	1	11/11/88	3/13/89	ABCEF	PLM
F05-3	John Cameron	2	F05	Room #21	10%	Chrysotile	1	11/11/88	3/13/89	ABCEF	PLM
F07-1	John Cameron	2	F07	Room #7	10%	Chrysotile	1	11/11/88	3/13/89	ABCEF	PLM
F07-2	John Cameron	2	F07	Room #39	10%	Chrysotile	1	11/11/88	3/13/89	ABCEF	PLM
F07-3	John Cameron	2	F07	Room #38	10%	Chrysotile	1	11/11/88	3/13/89	ABCEF	PLM

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ASBESTOS MANAGEMENT PLAN - SUMMARY OF LABORATORY SAMPLES

(A copy of the Chain of Custody form and Laboratory Analysis form for each sample MUST be included.)

Building Assesed: Pyne Poynt Middle School

**H**

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Sample Number	Name of Sample Collector	Type*	Homo- geneous ID No.	Exact Location	Result		Lab ID Number	Date		Manner to determine location*	Method of Analysis
					%	Type of Asbestos		Collected	Analyzed		
F07-4	John Cameron	2	F07	Room #38	10%	Chrysotile	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
F07-5	John Cameron	2	F07	Room #38	10%	Chrysotile	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
F08-1	John Cameron	2	F08	Auditorium	10%	Chrysotile	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
F08-2	John Cameron	2	F08	Auditorium	10%	Chrysotile	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
F08-3	John Cameron	2	F08	Auditorium	10%	Chrysotile	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
F08-4	John Cameron	2	F08	Auditorium	10%	Chrysotile	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM

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Building Assesed: Pyne Poynt Middle School

Sample Number	Name of Sample Collector	Type*	Homo- geneous ID No.	Exact Location	Result		Lab ID Number	Date		Manner to Determine Location*	Method of Analysis
					%	Type of Asbestos		Collected	Analyzed		
F08-5	John Cameron	2	F08	Cafeteria	10%	Chrysotile	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
F08-6	John Cameron	2	F08	Cafeteria	10%	Chrysotile	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
F08-7	John Cameron	2	F08	Cafeteria	10%	Chrysotile	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
F10-1	John Cameron	2	F10	Stairway by Room #8	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
F10-2	John Cameron	2	F10	Stairway by Room #8	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
F10-3	John Cameron	2	F10	Stairway by Room #8	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM

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Building Assesed: Pyne Poynt Middle School

Sample Number	Name of Sample Collector	Type*	Homo-geneous ID No.	Exact Location	Result		Lab ID Number	Date		Manner to Determine Location*	Method of Analysis
					%	Type of Asbestos		Collected	Analyzed		
C01-1	John Cameron	2	C01	Room #11	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
C01-2	John Cameron	2	C01	Room #21	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
C01-3	John Cameron	2	C01	Room #25	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
C01-4	John Cameron	2	C01	Room #1	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
C01-5	John Cameron	2	C01	Room #3	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
C01-6	John Cameron	2	C01	Room #3	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM

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## ASBESTOS MANAGEMENT PLAN - SUMMARY OF LABORATORY SAMPLES

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Building Assesed: Pyre Poynt Middle School

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Sample Number	Name of Sample Collector	Type*	Homo-geneous ID No.	Exact Location	Result		Lab ID Number	Date		Manner to Determine Location*	Method of Analysis
					%	Type of Asbestos		Collected	Analyzed		
C01-7	John Cameron	2	C02	Room #15	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
C02-1	John Cameron	2	C02	Girls Lavatory	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
C02-2	John Cameron	2	C02	Girls Lavatory	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
C02-3	John Cameron	2	C02	Boys Lavatory	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
C02-4	John Cameron	2	C02	Boys Lavatory	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
C02-5	John Cameron	2	C02	By Room #4 Storage	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM

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## ASBESTOS MANAGEMENT PLAN - SUMMARY OF LABORATORY SAMPLES

(A copy of the Chain of Custody form and Laboratory Analysis form for each sample MUST be included.)

Building Assesed: Pyne Poynt Middle School

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Sample Number	Name of Sample Collector	Type*	Homo-geneous ID No.	Exact Location	Result		Lab ID Number	Date		Manner to determine location*	Method of Analysis
					%	Type of Asbestos		Collected	Analyzed		
C02-6	John Cameron	2	C02	Room #5	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
C02-7	John Cameron	2	C02	Boys Lavatory	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
C04-1	John Cameron	2	C04	Room #8	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
C04-2	John Cameron	2	C04	Room #26	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
C04-3	John Cameron	2	C04	Room #9	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
C04-4	John Cameron	2	C04	Room #9	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM

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## ASBESTOS MANAGEMENT PLAN - SUMMARY OF LABORATORY SAMPLES

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(A copy of the Chain of Custody form and Laboratory Analysis form for each sample MUST be included.)

Building Assesed: Pyne Poynt Middle School

Sample Number	Name of Sample Collector	Type*	Homogeneous ID No.	Exact Location	Result		Lab ID Number	Date		Hanner to determine location*	Method of Analysis
					%	Type of Asbestos		Collected	Analyzed		
C04-5	John Cameron	2	C04	Room #19	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
C05-1	John Cameron	2	C05	Room #1	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
C05-2	John Cameron	2	C05	Room #1	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
C05-3	John Cameron	2	C05	By Room #2 Storage Room	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
C05-4	John Cameron	2	C05	By Room #2 Storage Room	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
C05-5	John Cameron	2	C05	Room #14	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM

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## ASBESTOS MANAGEMENT PLAN - SUMMARY OF LABORATORY SAMPLES

(A copy of the Chain of Custody form and Laboratory Analysis form for each sample MUST be included.)

Building Assesed: Pyne Poynt Middle School

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Sample Number	Name of Sample Collector	Type*	Homo- geneous ID No.	Exact Location	Result		Lab ID Number	Date		Manner to determine location*	Method of Analysis
					%	Type of Asbestos		Collected	Analyzed		
C05-6	John Cameron	2	C05	Room #14	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
C05-7	John Cameron	2	C05	1st. Floor Storage by Room #15	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
BC1-1	John Cameron	2	BC1	Boiler Insulation	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
BC1-2	John Cameron	2	BC1	Boiler Insulation	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
BC1-3	John Cameron	2	BC1	Boiler Insulation	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
BC1-4	John Cameron	2	BC1	Boiler Insulation	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM

## \* Type Codes:

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Building Assesed: Pyne Poynt Middle School

Sample Number	Name of Sample Collector	Type*	Homo- geneous ID No.	Exact Location	Result		Lab ID Number	Date		Manner to determine location*	Method of Analysis
					%	Type of Asbestos		Collected	Analyzed		
BC1-5	John Cameron	2	BC1	Boiler Insulation	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
BF1-1	John Cameron	2	BF1	Boiler Flue	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
BF1-2	John Cameron	2	BF1	Boiler Flue	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
BF1-2	John Cameron	2	BF1	Boiler Flue	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
BF1-4	John Cameron	2	BF1	Boiler Flue	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
BF1-5	John Cameron	2	BF1	Boiler Flue	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM

## \* Type Codes:

- 1 - Air
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- 3 - Surface

## \*\*Codes -

- A - Manner used to determine Sampling location (list all reasons which apply for each sample):
- B - The total extent of each homogeneous area was analyzed.
- C - The number of samples are as required.
- D - The material at each selected location is representative of the homogeneous area.
- E - The locations are UNIFORMLY distributed throughout the homogeneous area.
- F - The locations are RANDOMLY distributed throughout the homogeneous area.
- F - Each location is reasonably accessible.

ASB 10  
JUN 88New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360

## ASBESTOS MANAGEMENT PLAN - SUMMARY OF LABORATORY SAMPLES

(A copy of the Chain of Custody form and Laboratory Analysis form for each sample MUST be included.)

Building Assesed: Pyre Poynt Middle School

FOR STATE USE ONLY

Sample Number	Name of Sample Collector	Type*	Homo-geneous ID No.	Exact Location	Result		Lab ID Number	Date		Manner to Determine Location*	Method of Analysis
					%	Type of Asbestos		Collected	Analyzed		
W01-1	John Cameron	2	W01	Ground Floor Storage	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
W01-2	John Cameron	2	W01	Ground Floor Storage	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
W01-3	John Cameron	2	W01	Ground Floor Mattron Room	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
W01-4	John Cameron	2	W01	Ground Floor Office	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
W01-5	John Cameron	2	W01	Ground Floor Music Room	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
W01-6	John Cameron	2	W01	1st. Floor Class #9	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM

## \* Type Codes:

- 1 - Air
- 2 - Bulk
- 3 - Surface

## \*\*Codes - Manner used to determine Sampling location (List all reasons which apply for each sample):

- A - The total extent of each homogeneous area was analyzed.
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## ASBESTOS MANAGEMENT PLAN - SUMMARY OF LABORATORY SAMPLES

(A copy of the Chain of Custody form and Laboratory Analysis form for each sample MUST be included.)

Building Assessed: Pyre Poynt Middle School

FOR STATE USE ONLY

Sample Number	Name of Sample Collector	Type*	Homo- geneous ID No.	Exact Location	Result		Lab ID Number	Date		Manner to Determine Location*	Method of Analysis
					%	Type of Asbestos		Collected	Analyzed		
W01-7	John Cameron	2	W01	1st. Floor Science Room #17	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
W02-1	John Cameron	2	W02	1st. Floor Storage	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
W02-2	John Cameron	2	W02	1st. Floor Storage	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
W02-3	John Cameron	2	W09	1st. Floor Storage	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
W09-1	John Cameron	2	W09	Classroom #5	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
W09-2	John Cameron	2	W09	Classroom #5	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM

## \* Type Codes:

- 1 - Air
- 2 - Bulk
- 3 - Surface

## \*\*Codes -

- A - Manner used to determine Sampling location (List all reasons which apply for each sample):
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ASB 10  
JUN 88New Jersey State Department of Health  
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## ASBESTOS MANAGEMENT PLAN - SUMMARY OF LABORATORY SAMPLES

(A copy of the Chain of Custody form and Laboratory Analysis form for each sample MUST be included.)

Building Assessed: Pyne Poynt Middle School

FOR STATE USE ONLY

Sample Number	Name of Sample Collector	Type*	Homo-geneous ID No.	Exact Location	Result		Lab ID Number	Date		Manner to Determine Location*	Method of Analysis
					%	Type of Asbestos		Collected	Analyzed		
W09-3	John Cameron	2	W09	Classroom #6	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
FD1-1	John Cameron	2	FD1	Boiler Room Fire Door	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
FD1-2	John Cameron	2	FD1	Ground Floor Exit	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
FD1-3	John Cameron	2	FD1	Ground Floor Exit	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
P01-1	John Cameron	2	P01	Crawlspace	65%	Chrysotile	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
P01-2	John Cameron	2	P01	Crawlspace	65%	Chrysotile	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM

## \* Type Codes:

- 1 - Air
- 2 - Bulk
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## \*\*Codes -

- A - Manner used to determine Sampling location (List all reasons which apply for each sample):
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## ASBESTOS MANAGEMENT PLAN - SUMMARY OF LABORATORY SAMPLES

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Building Assesed: Pyre Poynt Middle School

FOR STATE USE ONLY

Sample Number	Name of Sample Collector	Type*	Homo- geneous ID No.	Exact Location	Result		Lab ID Number	Date		Manner to determine location*	Method of Analysis
					%	Type of Asbestos		Collected	Analyzed		
P01-3	John Cameron	2	P01	Crawlspace	65%	Chrysotile	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
P01-4	John Cameron	2	P01	Crawlspace	65%	Chrysotile	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
P01-5	John Cameron	2	P01	Crawlspace	65%	Chrysotile	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
PE2-1	John Cameron	2	FE2	Pipe Elbow Crawlspace	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
PE2-2	John Cameron	2	PE2	Pipe Elbow Crawlspace	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM
PE2-3	John Cameron	2	PE2	Pipe Elbow Crawlspace	-	N.D.	1	11-11-88 to 11-14-88	3-13-89	ABCEF	PLM

## \* Type Codes:

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## ASBESTOS MANAGEMENT PLAN - SUMMARY OF LABORATORY SAMPLES

(A copy of the Chain of Custody form and Laboratory Analysis form for each sample MUST be included.)

**Building Assessed:** Pyrne Poynt Middle School

**FOR STATE USE ONLY**

[illegible]

\* Type Codes:

- 1 - Air  
2 - Bulk  
3 - Surface

**\*\*Codes - Manner used to determine Sampling location (List all reasons which apply for each sample).**

- A - The total extent of each homogeneous area was analyzed.
- B - The number of samples are as required.
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## SAMPLE LOG AND SAMPLE NOTES

Document Number: Pyne Poynt Middle SchoolDate: November 11/14 19881 of 6

Sample Number	Lab. Number	Photo. Number	Description of Sampled Material & Sample Site Location	Analysis	Analyst Initial
F01-1	B11801		9" x 9" Green Floor Tile Room #31	5-15% Chrysotile	John T. Dupnock, Jr.
F01-2	B11802		9" x 9" Green Floor Tile Room #30	5-15% Chrysotile	John T. Dupnock, Jr.
F01-3	B11803		9" x 9" Green Floor Tile Room #26	5-15% Chrysotile	John T. Dupnock, Jr.
F01-4	B11804		9" x 9" Green Floor Tile Room #23	5-15% Chrysotile	John T. Dupnock, Jr.
F01-5	B11805		9" x 9" Green Floor Tile Room #7 Partial Ground Floor	5-15% Chrysotile	John T. Dupnock, Jr.
F02-1	B11806		12" x 12" Tan Floor Tile Room #25	N.D.	John T. Dupnock, Jr.
F02-2	B11807		12" x 12" Tan Floor Tile Room #14	N.D.	John T. Dupnock, Jr.
F02-3	B11808		12" x 12" Tan Floor Tile Room #21	N.D.	John T. Dupnock, Jr.
F02-4	B11809		12" x 12" Tan Floor Tile Room #12	N.D.	John T. Dupnock, Jr.
	B11810		12" x 12" Tan Floor Tile Room #10 Partial Ground Floor	N.D.	John T. Dupnock, Jr.
F02-6	B11811		12" x 12" Tan Floor Tile Room #3 Partial Ground Floor	N.D.	John T. Dupnock, Jr.
F02-7	B11812		12" x 12" Tan Floor Tile Room #11 First Floor	N.D.	John T. Dupnock, Jr.
F05-1	B11813		9" x 9" Tan Floor Tile Custodial Closet by Room #21 First Floor	1-10% Chrysotile	John T. Dupnock, Jr.
F05-2	B11814		9" x 9" Tan Floor Tile Custodial Closet by Room #9 First Floor	1-10% Chrysotile	John T. Dupnock, Jr.
F05-3	B11815		9" x 9" Tan Floor Tile Storage Room #21 First Floor	1-10% Chrysotile	John T. Dupnock, Jr.
F07-1	B11816		9" x 9" Gray Custodial Closet by Room #7	1-10% Chrysotile	John T. Dupnock, Jr.
F07-2	B11817		9" x 9" Gray Custodial Closet by Room #39	1-10% Chrysotile	John T. Dupnock, Jr.
F07-3	B11818		9" x 9" Gray Floor Tile Room #38	1-10% Chrysotile	John T. Dupnock, Jr.
F07-4	B11819		9" x 9" Gray Floor Tile Room #38	1-10% Chrysotile	John T. Dupnock, Jr.

This is a chain of custody Document. Please fill out completely and sign.

Receiving Analyst's Name J. Dupnock, Jr.	Firm TCTL-ML
Receiving Analyst Signature <i>John T. Dupnock, Jr.</i>	Date Samples Received March 12, 1989

Inspector's Name John N. Cameron	Inspector's Firm TCTL-ML
Inspector's Signature <i>John N. Cameron</i>	Date Samples Collected November 11, 1988

## SAMPLE LOG AND SAMPLE NOTES

Document Number: Pyne Poynt Middle SchoolDate: November 11/14 19882 of 6

Sample Number	Lab. Number	Photo. Number	Description of Sampled Material & Sample Site Location	Analysis	Analyst Initial
F07-5	B11820		9" x 9" Gray Floor Tile Room #38	1-10% Chrysotile	John T. Dupnock, Jr.
F08-1	B11821		9" x 9" Pink-Red Floor Tile Auditorium	1-10% Chrysotile	John T. Dupnock, Jr.
F08-2	B11822		9" x 9" Pink-Red Floor Tile Auditorium	1-10% Chrysotile	John T. Dupnock, Jr.
F08-3	B11823		9" x 9" Pink-Red Floor Tile Auditorium	1-10% Chrysotile	John T. Dupnock, Jr.
F08-4	B11824		9" x 9" Pink-Red Floor Tile Auditorium	1-10% Chrysotile	John T. Dupnock, Jr.
F08-5	B11825		12" x 12" Pink-Red Floor Tile Cafe	1-10% Chrystile	John T. Dupnock, Jr.
F08-6	B11826		12" x 12" Pink-Red Floor Tile Cafe Partial Ground Floor	1-10% Chrysotile	John T. Dupnock, Jr.
F08-7	B11827		12" x 12" Pink-Red Tile Cafe Partial Ground Floor	1-10% Chrysotile	John T. Dupnock, Jr.
F10-1	B11828		12" x 12" Dark Brown Floor Tile Stairway by Room #8	N.D.	John T. Dupnock, Jr.
	B11829		12" x 12" Dark Brown Floor Tile Stairway by Room #8	N.D.	John T. Dupnock, Jr.
F10-3	B11830		12" x 12" Dark Brown Floor Tile Stairway by Room #8	N.D.	John T. Dupnock, Jr.
C01-1	B11831		12" x 12" Various Holes Room #11	N.D.	John T. Dupnock, Jr.
C01-2	B11832		12" x 12" Various Holes Room #21	N.D.	John T. Dupnock, Jr.
C01-3	B11833		12" x 12" Various Holes Room #25	N.D.	John T. Dupnock, Jr.
C01-4	B11834		12" x 12" Various holes Room #1 Partial Ground Floor	N.D.	John T. Dupnock, Jr.
C01-5	B11835		12" x 12" Various Holes Room #3 Partial Ground Floor	N.D.	John T. Dupnock, Jr.
C01-6	B11836		12" x 12" Various Holes Room #3 First Floor	N.D.	John T. Dupnock, Jr.
C01-7	B11837		12" x 12" Various Holes Room #15 First Floor	N.D.	John T. Dupnock, Jr.
C02-1	B11838		Plaster Girls Lavatory	N.D.	John T. Dupnock, Jr.

This is a chain of custody Document. Please fill out completely and sign.

Receiving Analyst's Name T. Dupnock, Jr.	Firm TCTL-ML
Receiving Analyst's Signature <i>John T. Dupnock Jr.</i>	Date Samples Received March 13, 1989

Inspector's Name John N. Cameron	Inspector's Firm TCTL-ML
Inspector's Signature <i>John N. Cameron</i>	Date Samples Collected November 11, 1988

## SAMPLE LOG AND SAMPLE NOTES

Document Number: Pyne Poynt Middle SchoolDate: November 11/14 1988Page 6 of 6

Sample Number	Lab. Number	Photo. Number	Description of Sampled Material & Sample Site Location	Analysis	Analyst Initial
C02-2	B11839		Plaster Girls Lavatory	N.D.	John T. Dupnock, Jr.
C02-3	B11840		Plaster Boys Lavatory	N.D.	John T. Dupnock, Jr.
C02-4	B11841		Plaster Auditorium	N.D.	John T. Dupnock, Jr.
C02-5	B11842		Plaster Storage by Room #4 Partial Ground Floor	N.D.	John T. Dupnock, Jr.
C02-6	B11843		Plaster Room #5 Partial Ground Floor	N.D.	John T. Dupnock, Jr.
C02-7	B11844		Plaster Boys Lavatory First Floor	N.D.	John T. Dupnock, Jr.
C04-1	B11845		12" x 12" Smooth Room #8	N.D.	John T. Dupnock, Jr.
C04-2	B11846		12" x 12" Smooth Room #26	1-10% Chrysotile	John T. Dupnock, Jr.
C04-3	B11847		12" x 12" Smooth Room #9 Partial Ground Floor	N.D.	John T. Dupnock, Jr.
	B11848		12" x 12" Smooth Room #9 Partial Ground Floor	N.D.	John T. Dupnock, Jr.
C04-5	B11849		12" x 12" Smooth Room #19 First Floor	N.D.	John T. Dupnock, Jr.
C05-1	B11850		2' x 4' Gouged Room #1	N.D.	John T. Dupnock, Jr.
C05-2	B11851		2' x 4' Gouged Room #1	N.D.	John T. Dupnock, Jr.
C05-3	B11852		2' x 4' Gouged Storage by Room #2 Partial Ground Floor	N.D.	John T. Dupnock, Jr.
C05-4	B11853		2' x 4' Gouged Storage Room by Room #2 Partial Ground Flr	N.D.	John T. Dupnock, Jr.
C05-5	B11854		2' x 4' Gouged Room #14 Partial Ground Floor	N.D.	John T. Dupnock, Jr.
C05-6	B11855		2' x 4' Gouged Room #4 Partial Ground Floor	N.D.	John T. Dupnock, Jr.
C05-7	B11856		2' x 4' Gouged Storage by Room #15 First Floor	N.D.	John T. Dupnock, Jr.
C01-1	B11857		Boiler Insulation Boiler Room	N.D.	John T. Dupnock, Jr.

This is a chain of custody Document. Please fill out completely and sign.

Receiving Analyst's Name John T. Dupnock, Jr.	Firm TCTL-ML
Receiving Analyst's Signature <i>John T. Dupnock, Jr.</i>	Date Samples Received November 13, 1989

Inspector's Name John W. Cameron	Inspector's Firm TCTL-ML
Inspector's Signature <i>John W. Cameron</i>	Date Samples Collected November 11, 1988

SAMPLE LOG AND SAMPLE NOTES

Document Number: Pyne Poynt Middle School

Date: November 11/14 1988

Page 4 of 6

Sample Number	Lab. Number	Photo. Number	Description of Sampled Material & Sample Site Location	Analysis	Analyst Initial
BC1-2	B11858		Boiler Insulation Boiler Room	N.D.	John T. Dupnock, Jr.
BC1-3	B11859		Boiler Insulation Boiler Room	N.D.	John T. Dupnock, Jr.
BC1-4	B11860		Boiler Insulation Boiler Room	N.D.	John T. Dupnock, Jr.
BC1-5	B11861		Boiler Insulation Boiler Room	N.D.	John T. Dupnock, Jr.
BF1-1	B11862		Boiler Flue Boiler Room	N.D.	John T. Dupnock, Jr.
BF1-2	B11863		Boiler Flue Boiler Room	N.D.	John T. Dupnock, Jr.
BF1-3	B11864		Boiler Flue Boiler Room	N.D.	John T. Dupnock, Jr.
BF1-4	B11865		Boiler Flue Boiler Room	N.D.	John T. Dupnock, Jr.
BF1-5	B11866		Boiler Flue Boiler Room	N.D.	John T. Dupnock, Jr.
	B11867		Wall Plaster Ground Floor Storage	N.D.	John T. Dupnock, Jr.
W01-2	B11868		Wall Plaster Ground Floor Storage	N.D.	John T. Dupnock, Jr.
W01-3	B11869		Wall Plaster Ground Floor Matron Room	N.D.	John T. Dupnock, Jr.
W01-4	B11870		Wall Plaster Ground Floor Office	N.D.	John T. Dupnock, Jr.
W01-5	B11871		Wall Plaster Ground Floor Music Room	N.D.	John T. Dupnock, Jr.
W01-6	B11872		Wall Plaster 1st. Floor Class 9	N.D.	John T. Dupnock, Jr.
W01-7	B11873		Wall Plaster Storage Room 17 1st. Floor	N.D.	John T. Dupnock, Jr.
W02-1	B11874		Wall Sheetrock Storage 1st. Floor	N.D.	John T. Dupnock, Jr.
W02-2	B11875		Wall Sheetrock Storage 1st. Floor	N.D.	John T. Dupnock, Jr.
W02-3	B11876		Wall Sheetrock Storage 1st. Floor	N.D.	John T. Dupnock, Jr.

This is a chain of custody Document. Please fill out completely and sign.

Receiving Analyst's Name John T. Dupnock, Jr.	Firm TCTL-ML
Receiving Analyst Signature <i>John T. Dupnock</i>	Date Samples Received March 13, 1989

Inspector's Name John M. Camero	Inspector's Firm TCTL-ML
Inspector's Signature <i>John M. Camero</i>	Date Samples Collected November 11, 1988



Document Number: Pyne Poynt Middle SchoolDate: November 11/14 19885 of 6

Sample Number	Lab. Number	Photo. Number	Description of Sampled Material & Sample Site Location	Analysis	Analyst Initial
W09-1	B11877		Acoustical Tile Classroom #5	N.D.	John T. Dupnock, Jr.
W09-2	B11878		Acoustical Tile Class 5	N.D.	John T. Dupnock, Jr.
W09-3	B11879		Acoustical Tile Class 6	N.D.	John T. Dupnock, Jr.
FD1-2	B11880		Fire Door Boiler Room	N.D.	John T. Dupnock, Jr.
FD1-3	B11881		Fire Door Ground Floor Exit	N.D.	John T. Dupnock, Jr.
FD1-3	B11882		Fire Door Ground Floor Exit	N.D.	John T. Dupnock, Jr.
P01-1	B11883		Pipe Insulation Crawspace	55-65% Chrysotile	John T. Dupnock, Jr.
P01-2	B11884		Boiler Insulation Crawspace	55-65% Chrysotile	John T. Dupnock, Jr.
P01-3	B11885		Boiler Insulation Crawspace	55-65% Chrysotile	John T. Dupnock, Jr.
	B11886		Boiler Insulation Crawspace	55-65% Chrysotile	John T. Dupnock, Jr.
P01-5	B11887		Boiler Insulation Crawspace	55-65% Chrysotile	John T. Dupnock, Jr.
PE2-1	B11888		Pipe Elbow Crawspace	N.D.	John T. Dupnock, Jr.
PE2-2	B11889		Pipe Elbow Crawspace	N.D.	John T. Dupnock, Jr.
PE2-3	B11890		Pipe Elbow Crawspace	N.D.	John T. Dupnock, Jr.
P02-1	B11891		Pipe Insulation Ground Floor Storage	55-65% Chrysotile	John T. Dupnock, Jr.
P02-2	B11892		Pipe Insulation 1st. Floor Handicap Lavatory	55-65% Chrysotile	John T. Dupnock, Jr.
P02-3	B11893		Pipe Insulation 1st. Floor Storage	55-65% Chrysotile	John T. Dupnock, Jr.
P02-4	B11894		Pipe Insulation Ground Floor Corridor	55-65% Chrysotile	John T. Dupnock, Jr.
P02-5	B11895		Pipe Insulation Ground Floor Teachers Room	55-65% Chrysotile	John T. Dupnock, Jr.

This is a chain of custody Document. Please fill out completely and sign.

Receiving Analyst's Name T. Dupnock, Jr.	Firm TCTL-ML
Receiving Analyst Signature <i>John T. Dupnock</i>	Date Samples Received March 13, 1989

Inspector's Name John N. Cameron	Inspector's Firm TCTL-ML
Inspector's Signature <i>John N. Cameron</i>	Date Samples Collected November 11, 1988

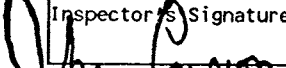
Date: November 11/14 1988

6 of 6

[illegible]

This is a chain of custody Document. Please fill out completely and sign.

Giving Analyst's Name T. Duprock, Jr.	Firm TCTL-ML
Receiving Analyst Signature <i>John T. Duprock</i>	Date Samples Received March 18, 1989

Inspector's Name John N. Cameron	Inspector's Firm TCTL-ML
Inspector's Signature 	Date Samples Collected November 11, 1989

## SAMPLING SCHEME

The USEPA requires that bulk samples of suspected Asbestos Containing Building Materials (ACBM) be collected in a manner sufficient to determine whether this material is ACBM. ACBM is any building material which contains 1% or more asbestos. Generally, for thermal system areas or miscellaneous areas, three bulk samples randomly taken are required to determine that suspected material is not ACBM. Suspect surfacing materials sprayed or troweled on may require up to seven bulk samples, depending on area size, to determine whether the material is ACBM.

Samples were taken in sufficient quantity in each Homogeneous Area (as defined by USEPA) to reliably determine the presence of asbestos fibers.

Please note that without prior written authorization from our client, Testwell Craig Testing Laboratories, Inc. does not inspect physically inaccessible areas such as above fixed ceilings, between walls, under concrete slabs, etc. In addition, certain building materials are not amenable to normal sampling techniques, such as bricks, ceramic tile, laboratory benches, etc. This report makes no representations as to the asbestos content of these areas or materials. The United States Environmental Protection Agency (USEPA) recommends that if it is impractical to sample a material, the material shall be assumed to be ACBM (Asbestos Containing Building Material).

New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360

ASBESTOS MANAGEMENT PLAN  
DESCRIPTION OF CHAIN OF COMMAND



For State Use Only

Name of Responsible Governing Authority:  
Camden Board of Education

Name of Facility  
Pyne Poynt Middle School

Building Assessed:  
Pyne Poynt Middle School

A. Description of a chain of command including delegation of responsibilities and procedures for reporting, obtaining supplies and storage and disposal of asbestos waste.

The Head/Senior Custodian in each school complex will be responsible for informing the Designated Person about changes in ACBM conditions.

The Designated Person will be responsible for supplies, reporting and for the storage and/or disposal of asbestos waste. No delegation of the Designated Person's duties will be transferred to another person unless that person becomes the new Designated Person.

The Designated Person will report to the LEA any need for emergency response actions. The Designated Person will ensure proper training is given to maintenance personnel and building occupants.

The Purchasing Agent of the LEA will ensure that the Designated Person's request for asbestos related supplies are fulfilled.

The Designated Person shall also report directly to staff and parental organizations the inspection results and any response actions taken.

**NOTE:**

DOCUMENT NUMBER

### Building Number and Name

from - open Number and Name

IF THE STATUS OF THE ACBH HAS CHANGED, THEN PHOTOGRAPH THE AREA AND RECORD THE PHOTOGRAPH NUMBER IN THE SPACE PROVIDED. NOTIFY THE ASBESTOS PROGRAM MANAGER CONCERNING THE CHANGE.

[illegible]

Title of Person Completing Report

DC - DANCE CONDITION

PD - POTENTIAL DAMAGE CATEGORIES  
NPD - NO POTENTIAL DAMAGE

• NO - NO DRAINAGE

PD - POTENTIAL RANGE

50 + SIGNIF

PSD - POTENTIAL SIG. DUVVICE

100

Figur 4-3.



ASBESTOS MANAGEMENT PLAN - PLAN FOR REINSPECTION

Name of Responsible Governing Authority  
Camden Board of Education

Name of Facility  
Pyne Poynt Middle School

Building Assessed  
Pyne Poynt Middle School

3. Explain plans for reinspection.

July 1989 - First round of reinspections by properly trained personnel supervised by the designated person.

January 1990 - Second round of reinspections.

July 1990 - Third round of reinspections.

January 1991 - Fourth round of reinspections.

July 1991 - Full reinspection performed by an AHERA accredited inspector.

Selection of months is based on parameter of occupancy when occupancy levels of the building are low.

All reinspections will be properly supervised and recorded. Reports of inspections (results, dates, conditions, etc.) will become a part of this management plan and will be attached as same.

All reinspections are subject to removal operations taking place between 1988 and 1991. If all ACBM is removed between any given scheduled inspection period, the remainder of the schedule will not have to be adhered to.

The results of the inspections shall be announced at the regular monthly meeting of the LEA following the month in which inspections occurred. The schedule will be as follows:

Re-inspections	Public Meetings
July 1989	August 1989
January 1990	February 1990
July 1990	August 1990
January 1991	February 1991
July 1991	August 1991

The LEA shall notify parent, teacher and custodial organization about inspection results and how to obtain inspection results.



FOR STATE USE ONLY

ASBESTOS MANAGEMENT PLAN - PLAN FOR OPERATIONS AND MAINTENANCE ACTIVITIES

Name of Responsible Governing Authority:  
Linden Board of Education

Name of Facility:  
Pyne Poynt Middle School

Building Assessed:  
Pyne Poynt Middle School

2. Explain a plan for operations and maintenance activities, including periodic surveillance. Include information regarding work practices, equipment, disposal, supplies, repository protection program, medical surveillance, etc.

Periodic Surveillance:

The ACM within each building shall be reinspected by trained personnel at least twice a year as outlined.

Medical Surveillance:

The designated Person shall maintain medical reports of all employees who work directly with asbestos containing building materials. These medical records, and records of examinations, shall be kept for at least 30 years after employee termination.

Disposal:

The Designated Person shall ensure that waste is disposed of in NJDEP approved landfills. Proper documentation is required to show this compliance. No dry disposal is permitted.

Storage:

No storage shall occur for more than five working days. Storage shall be in a restricted area where no HVAC systems are in operation. No dry or loose storage of ACM is permitted.

Waste Haulers:

Only NJDEP licensed waste haulers shall be permitted to remove ACM waste from district premises. Only licensed vehicles shall be used as well.

Work Practices:

No activity shall be permitted that causes asbestos containing materials to become friable unless appropriate measures are taken by the Designated Person to reduce friability. No activities shall take place without the authorization from the Designated Person. No abatement activities shall take place without at least two properly trained, equipped and supervised persons. When an emergency fiber release occurs, the Designated Person shall be informed and take appropriate actions.

Respiratory Program:

Should the LEA decide to establish a respiratory program they shall meet the following criteria: the LEA shall enroll at least two custodial persons from their district in a 14 hour course and a 2 hour training session that meets all Federal and State requirements, also the LEA must maintain a respiratory program that meets all Federal and State requirements and shall be administered by the Designated Person.

Operations and Maintenance:

The LEA shall begin its first round of visual inspections in July 1989 and periodically every 6 months thereafter. Any change in ACM conditions shall be reported to the LEA's Designated Person via proper procedures. Floor tile shall be regularly cleaned, waxed and stripped without the use of abrasive material. In the event that any thermal systems insulation, including the boiler, should be disturbed the LEA shall immediately procure the services of an outside contractor to repair and clean all damaged insulation.



ASBESTOS MANAGEMENT PLAN - PLAN TO INFORM

Name of Responsible Governing Authority:  
Camden Board of Education

Name of Facility:  
Pyne Poynt Middle School

Building Assessed:  
Pyne Poynt Middle School

- D. Describe the steps taken to inform maintenance personnel, building occupants, and/or legal guardians of children regarding:
1. Inspections
  2. Reinspections
  3. Response Actions
  4. Post-Response Action Activities
  5. Periodic Reinspections
  6. Surveillance Activities that are Planned or in Progress

The notifications shall be as follows:

The LEA shall publicly announce the completion of inspections and management plans. Results of these inspections including the Management Plans, will be readily available at school offices for inspections.

The Designated Person appointed by the district shall inform all maintenance personnel and/or staff organizations of ACBM locations, quantities and in-situ conditions as soon as possible after the announcement being publicly made by the LEA governing body.

Public awareness sessions shall be conducted by the LEA to show the possible dangers of disturbing ACBM within each building, this shall be completed by June 1, 1989.

In July 1989 the first series of surveillance activities and inspections shall take place. The second series of inspections shall take place in December 1989. The selections of these time frames is important and is based on occupancy factors. Primarily no students and a minimum numbers of building occupants will be in the facility when inspections occur.

Immediate and necessary response actions will not require prior notification to building occupants unless immediate evacuation of the facility is stipulated by statutes. Immediate condition (emergencies) will be reported to the Designated Person by inspectors and/or general public. Upon completion of immediate response actions, the Designated Person shall notify on behalf of the LEA parent, student, and staff organizations of response activities.

Regularly planned response actions shall be performed only after parent, student and staff organizations have been notified by the Designated Person and the LEA.

All record keeping of response actions, inspections, re-inspections and any other abatement activities shall be the responsibility of the LEA's appointed Designated Person. The asbestos control service of the New Jersey Department of Health shall receive a copy of all related asbestos abatement actions. Amendments to the management plans can be sent to:

State of New Jersey Department of Health

Asbestos Control Service

Division of Occupational/Environmental Health Service

CN 360

Trenton, New Jersey 08625-0360

Attention: Ms. Cathy DiNardo (609) 984-2193



# ASBESTOS CONTAINING MATERIALS DISPOSAL DOCUMENT

DOCUMENT CONTROL NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_, 19\_\_\_\_

DOCUMENT NUMBER

Building Number

Building Name

Building Location and Owner

PICK UP SITE:

ESTIMATED QUANTITY OF ACM: \_\_\_\_\_

DISPOSAL SITE:

NUMBER OF CONTAINERS: \_\_\_\_\_

TRANSPORTED BY:

TYPE OF CONTAINERS: \_\_\_\_\_

DESCRIPTION OF THE ACM(s) TO BE DISPOSED OF:

REMOVED UNDER THE AUTHORITY OF THE WORK  
ORDER (OR CONTRACT) IDENTIFIED AS:

THE FOLLOWING SIGNATURES ESTABLISH THE CHAIN OF  
CUSTODY OF THE ABOVE DESCRIBED ACM(s).

ACM(s) PACKED UNDER THE SUPERVISION OF:

SIGNATURE

EMPLOYED BY

ACM(s) TRANSPORTED BY:

SIGNATURE

EMPLOYED BY

ACM(s) DISPOSAL SITE:

SITE LOCATION (CITY, STATE)

RECEIVED BY SIGNATURE

EMPLOYED BY

REPORT PREPARED BY:

SIGNATURE

EMPLOYED BY

TITLE

DATE

TITLE

DATE

TRANSPORT MANIFEST NUMBER

SITE NO.

DATE OF RECEIPT

RECEIVING DOCUMENT NUMBER

TITLE

DATE

THE ORIGINAL OF THIS DOCUMENT MUST BE RETURNED TO  
THE ASBESTOS PROGRAM MANAGER AT THE BUILDING  
OWNER'S LOCATION NAMED ABOVE.

DOCUMENT CONTROL NUMBER ASB

DATE: \_\_\_\_\_, 19\_\_

REFERENCE GENERAL BUILDING WORK AUTHORIZATION NO.

DOCUMENT SUBJECT

Building Number

Building Name

Building Location and Owner

ACM-space(s) INVOLVED

ACM-space(s) Number and Name

DESCRIPTION OF WORK TO BE PERFORMED:

WORK TO BE PERFORMED BY: (Identify contractor or, Building Owner's employee's or agents are to perform the work, then the individual's names and employee identification numbers.

Employee Name and ID Number



CONTRACTOR IDENTIFICATION

(Name, Address, Phone Number, Cert. No. and State).

CONDITIONS OF WORK PERFORMANCE

It is an explicit condition of this work order that all work be performed in strict accordance with all applicable health and safety standards, and state of the art work practices.

If the Building Owner's employees or agents are involved in the work in any phase, then they are required to complete the WORKER'S DAILY LOG, and return this LOG to their supervisor at the end of work daily.

THE WORK TO BE PERFORMED, AND ANY APPLICABLE TERMS AND CONDITIONS THEREOF ARE MORE FULLY DESCRIBED ON PAGE 2 OF THIS FORM, AND SAID PAGE IS HEREBY MADE A PART HEREOF..

# ASBESTOS WORK ORDER - CONTINUATION

Page 2 of 2

DOCUMENT CONTROL NUMBER ASB

DATE: \_\_\_\_\_, 19\_\_

## GENERAL WORK CONDITIONS

### TYPE OF MATERIAL

#### SURFACING

FLOOR ☐

HALL ☐

CEILING ☐

VISIBLE ☐

HIDDEN ☐

#### MISCELLANEOUS

DESCRIBE: \_\_\_\_\_

### THERMAL SYSTEMS

PIPE LAGGING ☐

BOILER COVER ☐

DUCTING

INTAKE ☐

EXHAUST ☐

FITTINGS,  
VALVES, ETC. ☐

### ESTIMATED QUANTITY OF MATERIALS

Square Feet

Linear Feet

No. of Pieces




IF REMOVAL IS INVOLVED, THEN THE "ASBESTOS  
CONTAINING MATERIALS DISPOSAL DOCUMENT" IS MADE  
A PART HEREOF.

"ABATEMENT PROJECT NOTICE" SENT TO EPA. YES ☐

### OTHER CONDITIONS OF WORK

### TYPE OF GENERAL PROTECTION

#### GENERAL OCCUPANT AND PUBLIC

POLY ON FLOOR ☐

MINI-ENCLOSURE ☐

GLOVE BAG ☐

NEGATIVE AIR ENCLOSURE ☐

HEPA VACUUM ☐

HYAC SHUTDOWN ☐

POWER SHUTDOWN ☐

NET CLEANING ☐

OTHER (Describe) \_\_\_\_\_

#### GENERAL WORKER PROTECTION

AIR-LOCK, GLOW ROOM ☐

TYPE C AIR ☐

FULL BODY SUITS ☐

### CLEARANCE APPROVAL METHOD

START OF WORK DATE: \_\_\_\_\_, 19\_\_

ASBESTOS WORK ORDER APPROVAL BY ASBESTOS PROGRAM  
MANAGER.

Signature \_\_\_\_\_

DATE \_\_\_\_\_

# GENERAL BUILDING WORK AUTHORIZATION

DOCUMENT CONTROL NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_, 19\_\_\_\_

DOCUMENT NUMBER

Building Number

Building Name




Building Location and Owner

DESCRIBE THE WORK TO BE PERFORMED.




IDENTIFY THE ORGANIZATION OR INDIVIDUAL(S) WHO  
WILL PERFORM THE WORK




IDENTIFY THE ACM-space(s) INVOLVED IN THIS WORK

ACM-space(s) Number and Name	
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

ASBESTOS PROGRAM MANAGER'S AUTHORIZATION  
MUST BE SIGNED PRIOR TO COMMENCEMENT OF WORK.

I HEREBY CERTIFY THAT, ACCORDING TO THE RECORDS,  
THE ABOVE DESCRIBED ACM-space(s) DO NOT CONTAIN  
ASBESTOS-CONTAINING BUILDING MATERIALS.

Signature \_\_\_\_\_ Title \_\_\_\_\_ DATE: \_\_\_\_\_, 19\_\_\_\_

THE ABOVE IDENTIFIED ACM-space(s) CONTAIN  
ASBESTOS CONTAINING BUILDING MATERIALS, AND THE  
WORK MUST BE UNDERTAKEN IN ACCORDANCE WITH ALL  
APPLICABLE HEALTH AND SAFETY RULES AND REGULATIONS  
AND THE ATTACHED "ASBESTOS WORK ORDER"  
REQUIREMENTS.

ASBESTOS WORK ORDER NUMBER:

Signature \_\_\_\_\_

# ABATEMENT PROJECT NOTICE

DOCUMENT NUMBER

Building Number

Building Name

Building Location and Owner

NOTICES TO EPA MUST BE POSTMARKED:

PLANNED ABATEMENT:

AT LEAST 10 DAYS BEFORE ABATEMENT BEGINS.

EMERGENCY ABATEMENT:

NO MORE THAN 48 HOURS AFTER PROJECT BEGINS.

SUBJECT TO CIVIL & CRIMINAL PENALTIES.

NOTICE SENT TO:

As required by 40 CFR 763.124 "Toxic Substances; Asbestos Abatement Projects", we wish to notify you of the following asbestos abatement project in the above identified building.

DATE OF NOTICE:

PROJECT CLASS: ☒ PLANNED ABATEMENT ☐ EMERGENCY ☐

PROJECT SIZE: LESS THAN ☐ or MORE THAN ☐ 3 LINEAR FEET OR 3 SQUARE FEET

DATE WORK (TO BE) STARTED: \_\_\_\_\_, 19\_\_

DATE WORK (TO BE) COMPLETED: \_\_\_\_\_, 19\_\_

COVERING WORK ORDER (OR CONTRACT) IS:

ACM-Asbestos INVOLVED: Number and Name

--	--

--	--

--	--

--	--

TYPE OF WORK:

REMOVAL ☐ REPAIR ☐ ENCAPSULATION ☐ ENCLOSURE ☐ CLEANED UP ☐

OTHER:

IF REMOVAL UNDERTAKEN, THEN COMPLETE THIS SECTION

DISPOSITION OF ACM: NAME OF LANDFILL

LOCATION OF LANDFILL

--

--

ASBESTOS CONTAINING MATERIAL DISPOSAL CHAIN OF CUSTODY DOCUMENT MUST BE ON FILE.

REPORT PREPARED BY: (SIGNATURE, DATE AND TITLE)

# ASBESTOS WORKER'S MONTHLY ACTIVITY SUMMARY

DOCUMENT CONTROL NUMBER

AHS

DATE: \_\_\_\_\_, 19\_\_\_\_

EMPLOYER NAME AND ADDRESS

DOCUMENT NUMBER

EMPLOYEE NUMBER

EMPLOYEE NAME

EMPLOYEE HOME ADDRESS, PHONE AND EMERGENCY CONTACT

DAY OF MONTH	HOURS BY CATEGORY FROM WORKER'S DAILY LOG						NOTES
	PERSONAL AIR MONITOR	OFF DUTY	RESPIRATOR	TYPE C AIR	AIR LOCK	ON-DUTY NO ASBESTOS	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							

TOTALS

I HEREBY CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT SUMMARY OF THIS WORKER'S DAILY LOGS.

New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360



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ASBESTOS MANAGEMENT PLAN - EVALUATION OF RESOURCES

Name of Responsible Governing Authority:  
Landen Board of Education

Name of Facility:  
Pyne Poynt Middle School

Building Assessed:  
Pyne Poynt Middle School

3. Evaluation of resources needed to complete response actions successfully and carry out reinspection and operations and maintenance activities.

Estimates

Medical Surveillance/Exams	\$ 525
Training Per Man	\$ 750
Inspections - Labor/Materials	\$ 1,000
Equipment	
HEPA Vacuum	\$ 1,000
Air Purifying Respirator	\$ 75/respirator
Tyvec suits	\$ 120/box
Duct Tape	\$ 50/box
Polyethylene Sheeting	\$ 85/box
Miscellaneous signs, labels, etc.	\$ 775
Consultant/Monitoring Fees	
Project Design/Specifications	\$ 1,500/5,000
Asbestos Safety Technician	\$ 400/day
Polarized Light Microscopy	\$ 40/sample
Transmission Electron Microscopy	\$ 550/sample
13 samples required for area clearance	
Phase Contrast Microscopy	\$ 25/sample
Removal Fees	
Floor Tile	\$ 296,475.00
Pipe Insulation	\$ 5,122.00

(all quotes are approximate)

All estimates are verbally transmitted to Testwell Craig Testing Laboratories. Geographic location, contractor demand and inflation can change these estimates dramatically. When compiling estimates, Testwell Craig Testing Laboratories uses the higher figures.

### 1. Develop a Bidders List

In developing a Bidders List a project designer or the school districts' architect/engineer can identify through personal experience or by recommendation qualified contractors. Professional associates, asbestos consultants, trade groups may be hired for this purpose.

### 2. Prequalification Activity

- a. Have the firms complete a questionnaire (check timeliness of its submit).
- b. Hold contractor review and information meetings with building owners or school officials. These sessions will provide important insights for both the owner and the contractor and clarify any issues that need to be discussed in more detail.
- c. Arrive at a "short list" of contractors for project bid purposes.
- d. Obtain any necessary pre-bid qualifications the State of New Jersey Division of Building & Construction may require.

You do not want a contractor on your project who knows he had underbid it and is trying to play catch-up at your expense or at the expense and safety of the asbestos abatement workers.

### 3. Experience/Reference Evaluation

- a. A full service firm that can do interior demolition, abatement, and re-spray is an advantage.
- b. Several years of both abatement and construction management experience is beneficial.
- c. Check for specific, recent references on projects of similar size, scope and complexity.
- d. Get a history of successful dealings with architectural and engineering firms and environmental consultants.
- e. Check references with consultants, general contractors they have worked with, and EPA regional offices.
- f. Be sure that firms have a good grasp of any state or local legislation that could impact the project.



- g. The contractor should be able to assist you with sensitive employee communications issues, if necessary.

#### 4. Quality Standards Assessment

- a. Check work standards and practices when you check references and have the contractor explain employee safety and training programs. Ask for a copy of their respiratory training program and safety manual.
- b. In the absence of project plans and specifications the contractor should have his/her own internal asbestos abatement specification that conform to all current OSHA and EPA legislation, and industry standards.
- c. A detailed job scope and work plan with work phasing schedule should also be required and carefully reviewed. This requirement will give the owner a good sense of whether the contractor understands the scope of the project.
- d. Discuss the contractor's understanding and interpretation of the project safety and respiratory equipment requirements according to the latest federal and state EPA, OSHA, etc., guidelines.
- e. Check citation record, penalties incurred, liquidated damage awards, contract termination, labor strife, complaints to agencies, etc..

#### 5. Subcontractors Review

- a. If labor is being subcontracted, review the source.
- b. Require specific hauling and disposal site information in the bid documents.
- c. If re-spray or re-insulation is required, review material safety and certification information.
- d. If separate environmental consultant is used, review credentials.

#### 6. Insurance Evaluation

- a. Require a general liability policy. Note that hazardous pollutants exclusions are typical. General liability policies cover the liability of a particular named party for all except specifically excluded risks in a particular endeavor.

- b. Also require an asbestos policy. Make sure there are no exclusions. This is the most important coverage you will have the project! Costs for this coverage commonly reach 15% to 20% of contract construction costs!
- c. Be aware of the differences between claims-made and occurrence type policies. "Claims made" basis means that the insurance carrier will agree to pay claims only if they are made between the time that work starts and the time work is completed. This differs substantially from "occurrence" coverage, in which the insurance carrier undertakes to pay for claims which result from something which occurred during the coverage period, the claim not necessarily having been filed during the coverage period.
- d. Contact the broker or request a copy of the policy for review regarding specific information contained in the insurance certificate. A notarized and signed letter from the broker or insurance company authenticating the contents of the insurance certificate is helpful.
- e. check the "Best's Rating Guide: A.M. Best Co., Oldwick, New Jersey for the rating of insurance firm(s).

#### 7. Financial Information

- a. Require recent audited income statements and balance sheets of the contracting firm and have your financial people review them.
- b. Ask for references from some of the contractor's vendors.
- c. Discuss the contractor's net worth and ability to finance large projects if appropriate.

#### 8. General Considerations

- a. An evaluation sheet can be used for weighing criteria in the selection process.
- b. A full committee review of the contractors may be appropriate.

- c. Negotiated price versus competitive bids. If one contractor is clearly more qualified, don't be reluctant to negotiate price. Lowest bid is the reason for many of the problems evidenced in the industry in past years. Pricing and bid spreads continue to be the subject of much discussion. Tight specifications and specific work plan requirements will help eliminate non-competitive bids and unusually large spreads between the high and low bidders.
- d. School districts with large amounts of ACBM may wish to structure their contracts on an on an IQ basis (indefinite quantity). The Naval Weapons Center at China Lake, California, for example, contracts abatement work on this basis. A firm agrees to perform a specific dollar amount of work, at a minimum, per annum. the Naval Facilities people draw up detailed specs on each building and issue detailed work orders (including, for example, linear feet and estimated costs per foot). If the contractor completes the given dollar amount of work before the year is up, he or she performs additional work at agreed upon rates up to a maximum figure. The more efficient and effective the contractor's operation is, the more he or she stands to make - and the more abatement work the Navy gets done. Some school districts may have similar needs and may wish to adopt a similar approach.

In addition, some situations are best handled on a Time & Material basis. Decontamination of buildings, for example, is often bid this way because it is nearly impossible to predict how long it will actually take to complete the job. the LEA would approve a price sheet of labor and material costs submitted by the contractor, and the contractor would agree to perform the work at a cost not to exceed an agreed-upon amount. Upon completion, the LEA project manager would have to assess whether additional work is required.

- e. As state and federal legislation gets more strict, contractors who can't comply will be forced out. Many contractors are getting more and better experience and, in general, the quality of contractors is improving.
- f. Don't treat asbestos abatement as just another construction project. It's expensive, and will continue to be so. If you exercise care in selecting your contractor, you have any excellent chance of a successful project and permanent solution to your asbestos related problems.

ASB-17  
JUN 88

New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360



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ASBESTOS MANAGEMENT PLAN  
PREVIOUS/CURRENT ASBESTOS ABATEMENT LOG

Name of Responsible Governing Authority:  
Camden Board of Education

Name of Facility:  
Pyne Poynt Middle School

Building Assessed:  
Pyne Poynt Middle School

F. Description of previous/current asbestos abatement log.

No previous asbestos abatement was reported to Testwell Craig Testing Laboratories, Inc. inspectors and management planners prior to submission of management plans.

## SUMMARY OF PREVIOUS ASBESTOS INSPECTION AND RESPONSE ACTIONS

The Local Education Agency and its Designated Person must refer to 40 CFR Part 763, S763.93(2) to comply with the regulation regarding inspections and/or response actions that were performed prior to December 14, 1987. Copies of all such activities should be attached to the management plan by the LEA for submission to the State of New Jersey Department of Health.

New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360



FOR STATE USE ONLY

ASBESTOS MANAGEMENT PLAN  
STATEMENT OF ENSURANCES

Name of Responsible Governing Authority  
Camden Board of Education

Name of Facility  
Pyne Poynt Middle School

Building Assessed  
Pyne Poynt Middle School

The undersigned does hereby ensure and certify that:

1. This management plan has been developed, signed and submitted by an accredited management planner as required by current and regulation.
2. The activities of any person(s) who perform(s) inspections, re-inspections, periodic surveillance, develop and update management plans, and develop and implement response actions, including operations and maintenance, are carried out in accordance with current law and regulation.
3. All custodial and maintenance employees are properly trained as required by current law and all other applicable Federal and/or State regulations, e.g., the Public Employee Occupational Safety and Health Act, the EPA worker protection rule, or applicable state regulations.
4. All workers and building occupants, or their legal guardians, are informed annually, pursuant to current law and regulation regarding inspection, reinspections, response actions, post-response action activities, including periodic reinspection and surveillance that are planned or in progress.
5. All short term workers who may come in contact with ACM in the building are provided information regarding the locations of ACM and suspected ACM assumed to be ACM. Compliance with this requirement shall be accomplished through the preparation and distribution of written material to all short term workers accessing areas where they may come in contact with ACM.
6. All warning labels, signs and notices are posted as required by current law and regulation.
7. All management plans are available for inspection and notification of such availability has been provided as specified by current law and regulation.
8. The undersigned person (asbestos program manager) designated by the responsible governing authority has received training as required by current law and regulations.
9. The asbestos program manager has and will consider whether any conflict of interest may arise from the interrelationship among accredited personnel and whether that should influence the selection of accredited personnel to perform activities necessary to develop and/or implement this management plan.
10. All laboratories utilized for the development of this management plan meet applicable requirements as provided for by current law and regulation.
11. The Responsible Governing Authority maintains a copy of the asbestos management plan submitted to NJSDH in its administrative office to be updated at least once every 6 months with all prior information retained.
12. All persons who design or implement response actions, except for O & M activities, are licensed pursuant to NJAC 8:60-8 or by another state that has a reciprocal agreement with New Jersey.
13. Proper cleaning has taken place at least once after each inspection and before initiation of any response action other than operations and maintenance activities or repair, unless the building has been cleaned using required methods within the previous 6 months.
14. All abatement work except for operations and maintenance activities is performed in accordance with the Asbestos Hazard Abatement Subcode of the Uniform Construction Code (NJAC 5:23-8).
15. The management plan shall be maintained for a period of no less than 30 years after the building is demolished, shall be updated to keep it current with all asbestos related activities and shall include the following information:
  - a. For each preventive measure or response action taken, a detailed description of the activity, location, reasons for selecting activity, start and completion dates, names and addresses of all contractors and ASCM firms and their respective accreditation credentials (including copies of licensing documents), and if ACM is removed the name and location of the storage or disposal site.

December 30, 2005

Mr. Frank Ingram, Acting Director of Buildings & Grounds  
Camden City Board of Education  
201 N. Front Street  
Camden, New Jersey 08102

Subj.: *Asbestos Air Clearance*  
*Davis Elementary School*  
*Pyne Poynt Family School*

Encl.: *Analytical Results*

Dear Mr. Ingram:

On December 28, 2005 through December 30, 2005, Asbestos Cleaning Services, Inc., of Philadelphia, PA conducted a "Operations & Maintenance" Asbestos clean-up of approximately 294 sq. ft. in Room P1, at Davis Elementary School, and 560 sq. ft. in room 120 at Pyne Poynt Family School.

The Scope of Work consisted of the following:

1. Removal and disposal of visible Asbestos Containing Material (ACM) debris.
2. HEPA vacuum and wet wipe all horizontal & vertical surfaces, to include ceilings and walls, with amended water.
3. Encapsulate entire impacted area utilizing airless equipment only.
4. Removal and disposal of residual mastic as directed by on-site Env. Engineer.

**ALL work has been completed in full and without incident. All operations & maintenance activities were performed in accordance with all applicable Federal, State and local guidelines and regulations.**

Final results from air sampling conducted, December 29-30, 2005, using Transmission Electron Microscopy (TEM) was conducted by **THE SMITHCO. GROUP, INC., (SMITHCO.)** of Pennsauken, New Jersey. Analytical Samples were submitted to International Asbestos Testing Laboratories for analysis.

To achieve final air clearance through TEM analysis, samples must fall below the EPA clearance of 0.01f/cc for all samples taken. **All of the final clearance samples are below the EPA limits.**

<i><b>Sample ID #</b></i>	<i><b>Total Volume (L)</b></i>	<i><b>Results (f/cc)</b></i>
SMCO - D1	1,500	<0.0028
SMCO - D2	1,500	<0.0028
SMCO - PP1	1,500	<0.0028
SMCO- PP2	1,500	<0.0028

The United States Environmental Protection Agency and New Jersey Department of Health recognize Transmission Electron Microscopy as the only accepted method to determine the safety of a buildings atmosphere, as it relates to asbestos management procedures.

**SMITHCO.** appreciates the opportunity to provide professional services to the City of Camden Board of Education. If you should have any questions or need further clarification, please do not hesitate to contact me at (856)365.9111.

Sincerely,  
**THE SMITHCO. GROUP, INC.**

Ms. Nicole Campbell  
Project Manager  
Asbestos Management Planner

Cc: Mr. Sean S. Smith, Sr. President, **SMITHCO.**  
Mr. Darrell Oliver- Sr. Project Manager, **SMITHCO.**  
Mr. Lavon Tatem, Inspector, **CBOE**  
Mr. Wilfredo Ubarry, Inspector, **CBOE**



December 13, 2005

Mr. Frank Ingram, Acting Director of Buildings & Grounds  
Camden City Board of Education  
201 N. Front Street-6th floor  
Camden, NJ 08102

RE: Operation & Maintenance Project Schedule:  
1) *Pyne Poynt* 2) *Davis Elementary School*

Encl.: Scope Of Work

Dear Mr. Ingram,

On Wednesday, December 28 thru Friday, December 30, 2005, **Asbestos Cleaning Service, Inc., Philadelphia, PA** are scheduled to commence work at the aforementioned schools. The following details the proposed work schedule:

City of Camden BOE Required Actions	Start Date & Time	Action by:
Operation & Maintenance Cleanup: Pyne Poynt School	* December 28/ 8:00 am	Asbestos Cleaning Service, Inc.
Operation & Maintenance Cleanup: Davis Elementary School	* December 29/ 8:00 am	Asbestos Cleaning Service, Inc.

\* Completion time to be determined on-site. **SMITHCO.** will supervise project.

All operation & maintenance activities will be performed in accordance with the guidelines and regulations of the responsible agencies.

Thank you for giving **THE SMITHCO. GROUP, INC.** the opportunity to serve the City of Camden Board of Education. Please let me know your decision as quickly as possible, and I will expedite this project. If you have any questions, please do not hesitate to contact me at 856.365.9111.

Sincerely,  
**THE SMITHCO. GROUP, INC.**

Carl Smith  
Project Manager

November 21, 2005

Mr. Frank Ingram  
Acting Director of Buildings & Grounds  
City of Camden Board of Education  
201 North Front Street  
Camden, New Jersey 08101

Subj.: **Award Recommendation:**  
*Emergency Operations & Maintenance Activity*  
*Pyne Poynt Elementary School*  
*7th & Erie Street*  
*Camden, New Jersey*

Encl.: **Contractors Cost Proposals**

Mr. Ingram:

Pre-qualified contractors were invited to provide bids for the **Operations & Maintenance Activity** at the following schools:

*Pyne Poynt Elementary School, 7th & Erie Street, Camden, New Jersey*

Three quotes were submitted by the specified due date. The sources and amounts of the quotes are as follows:

<b><i>Contractor</i></b>	<b><i>Lump Sum Total</i></b>
<b>Asbestos Cleaning Service, Inc.</b>	<b>\$3,940.00</b>
<b>A&amp;C Environmental Services, Inc.</b>	<b>\$4,500.00</b>
<b>Lovett Environmental</b>	<b>\$4,900.00</b>

Based on these bid results, our past experience with the contractor, and scrutiny of the supporting information submitted with the bid;

**Asbestos Cleaning Service, Inc.**  
**2346 South Seventh Street**  
**Philadelphia, PA 19148**

is recommended for the aforementioned project in the amount of \$ 3,940.00.

## ***I. Scope of Work***

This project involves the **Operations & Maintenance** Clean up activity and disposal of asbestos containing material (ACM) at ***Pyne Poynt Elementary School, 7th & Erie Street, Camden, New Jersey***. All activity shall be performed in accordance with the guidelines and regulations of the responsible agencies: New Jersey Department of Labor (DOL), Occupational Safety and Health Administration (OSHA), New Jersey Department of Community Affairs (DCA), New Jersey Department of Health (DOH), and the New Jersey Department of Environmental Protection (DEP).

Contractors are instructed to provide cost estimates for the following line items.:

The contractor is responsible for cleaning and decontamination of approximately 560 sq. ft area located on the first floor level in room # 120. **Operations & Maintenance clean up is as follows:**

- ✓ Removal and disposal of visible asbestos debris.
- ✓ HEPA vacuum walls & ceiling
- ✓ Wet wipe all horizontal & vertical surfaces with amended water
- ✓ Wet wipe walls & ceiling w/ amended water
- ✓ Treat all surfaces w/ spray applied encapsulate (airless equipment only)
- ✓ Encapsulate entire impacted area. (airless equipment only).
- ✓ Removal and disposal of residual mastic as directed by on-site Env. Engineer

**Operations & Maintenance** will be completed, during and between *dates determined by The Camden Board of Education.*

## ***II. Location***

Location	ACM	Project location
Room # 120	Operations & Maintenance	1st Fl.

THE SMITHCO. GROUP, INC. will coordinate and supervise project.

Please let me know your decision as quickly as possible, and I will expedite this project. If you have any questions, please do not hesitate to contact me at 856.365.9111.

Sincerely,  
THE SMITHCO. GROUP, INC.

Nicole Campbell  
Project Manager

C: **Mr. Wilfredo Ubarry-CBOE**  
**Mr. Darrell Oliver-SMCO**