

AHERA THREE YEAR REINSPECTION FORM

AND

INSTRUCTION PACKAGE



January 2001

**STATE OF TENNESSEE
DEPARTMENT OF EDUCATION
DIVISION OF FINANCE, ACCOUNTABILITY AND TECHNOLOGY
ENVIRONMENTAL PROGRAMS SECTION**

**STATE OF TENNESSEE
AHERA THREE YEAR REINSPECTION**

GENERAL INSTRUCTIONS

PURPOSE:

ALL LOCAL EDUCATION AGENCIES (LEAs), both public and private shall use the attached documents for TAHERA Three Year Re-inspection Reports and submit to the State of Tennessee.

PRESENTATION:

Completed forms shall be typewritten [NO REPORTS IN PENCIL WILL BE ACCEPTED.](#) All sheets shall be 8 1/2" x 11". TAHERA Re-inspection Report(s) shall be stapled or binder clipped. [THREE RING BINDER OR LOOSE LEAF PRESENTATIONS WILL NOT BE ACCEPTED.](#)

DISTRIBUTION:

MAIL THE COMPLETED REINSPECTION REPORT TO:

**TENNESSEE DEPARTMENT OF EDUCATION
DIVISION OF FINANCE, ACCOUNTABILITY AND TECHNOLOGY
BUDGET AND PLANNING
6TH FLOOR, ANDREW JOHNSON TOWER
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TN 37243-0375**

**Attention: [Deborah Boshears-Davis](#)
Email: Deborah.Davis@state.tn.us**

PREPARATION:

Complete forms as instructed below and assemble in order given. **If questions arise, contact Deborah Davis, at (615) 532-1681.**

A. Transmittal Sheet TAHERA 1.0 (2/97)

One TAHERA 1.0 Form should be completed for each School System.

- ❖ Indicate with an "x" that the submission is a Three-Year Re-inspection Report.
- ❖ Fill in the LEA name (as listed on the original Management Plan), LEA number (as assigned by the Department of Education), address, county, LEA Designated Person, Telephone number, and date of submission.

B. Three Year Re-inspection Form TAHERA 16.0 (2/97)

One (1) TAHERA 16.0 Form should be completed for each [SCHOOL BUILDING and/or SCHOOL FACILITY.](#) An example Three-Year Re-inspection Form has been enclosed.

- ❖ Indicate LEA Name and LEA Number at top of form.
- ❖ Indicate School Building Name and Number at top of form.
- ❖ Indicate the Date of Implementation and the inspection date of this Three-Year Re-inspection.
- ❖ Fill in the Homogeneous Area Number, Current Quantity and Material Description for each and every asbestos containing homogeneous area previously recorded (this includes both FRIABLE and NONFRIABLE asbestos containing building materials. **LIST ONLY ONE HOMOGENEOUS AREA PER**

C. Training Certificates

- ❖ Copies of the original and Current Training Certificates for the Inspector and Management Planner.

INSPECTION REQUIREMENTS:

AHERA Accredited Inspectors and Management Planners must meet all EPA certification requirements, which include being in "Current Standing".

A. An accredited INSPECTOR shall:

1. Review the School's previous Three Year Re-inspection Report TAHERA 16.0 (2/97) and note the conditions recorded for each Homogeneous Area of Confirmed or Assumed ACBM under the "CURRENT" column.
2. Record the information from item 1 (above) in the "Last 3 Year" column of the THREE YEAR REINSPECTION FORM TAHERA 16.0 (2/97).
3. Re-inspect each previously recorded Homogeneous Area and note its present condition in the "Current" column of the TAHERA 16.0 (2/97).
 - a. The "CURRENT QUANTITY" should be determined by deducting the amount of any materials removed since the last 3-year re-inspection.
 - b. If information regarding an asbestos containing material has changed, (i.e., quantities of removed HA's, conditions or damage to materials, etc.), please attach a memo regarding any changes.
4. Fill in the appropriate number for the "ASSESSMENT" (from the "ASSESSMENT LEGEND").
 - a. If the material is NON_ACBM (as represented by new testing of previously assumed ACBM) the "Current" column should be marked "NON_ACBM". Revise and attach copies of the TAHERA 6.2, 6.3, 6.9, and 8.0 Forms. To make revisions, draw a line through any items to be changed, write the appropriate revision, date and initial.
 - b. If all of the material was removed since the previous Three Year Re-inspection, type "REMOVED" in the "Current" column. Attach a completed copy of the TAHERA 10.0 and TEM Air Clearance Reports.
 - c. If a material was listed as being REMOVED on the previous Three Year Re-inspection Report, that material should not be listed on this current report.
5. If the condition of the ACBM has not changed and the Response Action is the same as the "LAST 3-YEAR" RESPONSE ACTION an AHERA Accredited Management Planner is not required to sign the Three year Re-inspection Form.

B. An Accredited MANAGEMENT PLANNER shall:

1. Fill in the appropriate letter for the "RESPONSE ACTIONS" from the "RESPONSE ACTIONS LEGEND".
 - a. If the "RESPONSE ACTION" for the "CURRENT" column is different than the "Last 3-Year" Column:
 - 1) On the TAHERA 6.4 form in the Management Plan, draw a line through the Response Action to be changed, write the appropriate Response Action, date and initial.
 - 2) On the TAHERA 6.5 form in the Management Plan, draw a line through any items to be changed, write the appropriate revision, date and initial.
2. Fill in the Names, Signatures, and AHERA Accreditation Numbers of the Inspector(s) and Management Planner.

**STATE OF TENNESSEE
 AHERA TRANSMITTAL/SUBMITTAL FORM**

DATE: _____

LEA SYSTEM NAME: _____

LEA#: _____

ADDRESS:

DESIGNATED PERSON: _____

PHONE: _____

**PLEASE INDICATE TYPE OF DOCUMENT(S) BEING SUBMITTED
 BY PLACING AN "X" IN THE APPROPRIATE BOX.**

| ORIGINAL SUBMISSION | CORRECTION/DEFICIENCY SUBMISSION | TYPE OF DOCUMENT |
|------------------------|-------------------------------------|-------------------------------|
| | | MANAGEMENT PLAN |
| | | ASBESTOS FREE MANAGEMENT PLAN |
| | | YEARLY PROGRESS REPORT |
| | | THREE YEAR REINSPECTION |
| | | OTHER (Please Explain) |

THREE YEAR REINSPECTION

LEA NAME: _____ LEA #: _____

School Building Name: _____ Building #: _____

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: _____ INSPECTION DATE: _____



| | HA NUMBER | HA NUMBER | HA NUMBER | HA NUMBER |
|--|----------------------|------------------|----------------------|------------------|
| | CURRENT QUANTITY | CURRENT QUANTITY | CURRENT QUANTITY | CURRENT QUANTITY |
| | MATERIAL DESCRIPTION | | MATERIAL DESCRIPTION | |
| | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT |
| CHECK ONE | | | | |
| TSI | | | | |
| SURFACING | | | | |
| MISCELLANEOUS | | | | |
| CHECK ONE | | | | |
| ASSUMED ACBM | | | | |
| CONFIRMED ACBM | | | | |
| NON-ACBM | | | | |
| CHECK ONE | | | | |
| NON-FRIABLE | | | | |
| FRIABLE | | | | |
| EXPOSURE CONSIDERATION 1 TO 5 (5 WORST) | | | | |
| DETERIORATION | | | | |
| PHYSICAL DAMAGE | | | | |
| WATER DAMAGE | | | | |
| ACTIVITY/VIBRATION | | | | |
| EXPOSURE | | | | |
| ACCESSIBILITY | | | | |
| LENGTH OF EXPOSURE (CHECK ONE) | | | | |
| 1 HOUR/WEEK | | | | |
| 5 HOUR/WEEK | | | | |
| 10 HOUR/WEEK | | | | |
| 20 HOUR/WEEK | | | | |
| 40 HOUR/WEEK | | | | |
| EXPOSURE POPULATION (CHECK ALL APPLICABLE) | | | | |
| MAINTENANCE | | | | |
| CUSTODIAL | | | | |
| FACULTY/STAFF | | | | |
| PUBLIC | | | | |
| ASSESSMENT (MARK FROM 1 TO 7) | | | | |
| ** RESPONSE ACTIONS (MARK FROM A TO H) | | | | |

| ASSESSMENT LEGEND | RESPONSE ACTIONS LEGEND | | |
|--|---|---|---|
| <ol style="list-style-type: none"> 1. Damaged/significantly damaged TSI 2. Damaged friable surfacing ACBM 3. Significantly damaged friable surfacing material 4. Damaged/significantly damaged friable misc. ACBM 5. ACBM with potential for damage 6. ACBM with potential for significant damage 7. Any remaining friable ACBM or suspect ACBM | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <ol style="list-style-type: none"> A. Institute preventative measures B. O & M Program C. Repair D. Encapsulate </td> <td style="width: 50%; border: none;"> <ol style="list-style-type: none"> E. Enclosure F. Remove G. Isolate H. Other </td> </tr> </table> <p style="text-align: center; color: red; margin-top: 10px;">NOTES</p> <p style="font-size: small; color: red;">*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0</p> <p style="font-size: small; color: red;">** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5</p> | <ol style="list-style-type: none"> A. Institute preventative measures B. O & M Program C. Repair D. Encapsulate | <ol style="list-style-type: none"> E. Enclosure F. Remove G. Isolate H. Other |
| <ol style="list-style-type: none"> A. Institute preventative measures B. O & M Program C. Repair D. Encapsulate | <ol style="list-style-type: none"> E. Enclosure F. Remove G. Isolate H. Other | | |

| | | |
|------------------------|-----------|-----------------------|
| INSPECTOR (Typed name) | SIGNATURE | ACCREDITATION #/STATE |
| MANAGEMENT PLANNER | SIGNATURE | ACCREDITATION #/STATE |

**STATE OF TENNESSEE
AHERA TRANSMITTAL/SUBMITTAL FORM**

DATE: 07/09/98

LEA SYSTEM NAME: GORDON COUNTY SCHOOLS

LEA#: 9999

ADDRESS:

123 MAIN STREET

DESIGNATED PERSON: JOHN DOE

PHONE: 555-5555

**PLEASE INDICATE TYPE OF DOCUMENT(S) BEING SUBMITTED
BY PLACING AN "X" IN THE APPROPRIATE BOX.**

| ORIGINAL SUBMISSION | CORRECTION/DEFICIENCY SUBMISSION | TYPE OF DOCUMENT |
|---------------------|----------------------------------|-------------------------|
| | | MANAGEMENT PLAN |
| | | YEARLY PROGRESS REPORT |
| X | | THREE YEAR REINSPECTION |
| | | OTHER (Please Explain) |

EXAMPLE

THREE YEAR REINSPECTION

LEA NAME: GORDON COUNTY SCHOOLS

LEA #: 9999

School Building Name: MAIN STREET SCHOOL

Building #: 001

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: JULY 1, 1989

INSPECTION DATE: JUNE 30, 1995



| HA NUMBER 1 | HA NUMBER 2 | HA NUMBER 10 | HA NUMBER |
|---------------------------------|----------------------------------|----------------------------|------------------|
| CURRENT QUANTITY 1,000 SQ FT | CURRENT QUANTITY 10,000 SQ FT | CURRENT QUANTITY 120 LF | CURRENT QUANTITY |

| MATERIAL DESCRIPTION | MATERIAL DESCRIPTION | MATERIAL DESCRIPTION | MATERIAL DESCRIPTION |
|----------------------|----------------------|----------------------|----------------------|
| CEILING TILE | FLOOR TILE | PIPE INSULATION | |

| LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT | LAST 3 YEAR | CURRENT |
|-------------|---------|-------------|---------|-------------|---------|-------------|---------|
|-------------|---------|-------------|---------|-------------|---------|-------------|---------|

CHECK ONE

| | | | | | | | |
|---------------|---|---|---|---|--|--|--|
| TSI | | | | | | | |
| SURFACING | | | | X | | | |
| MISCELLANEOUS | X | X | X | X | | | |

CHECK ONE

| | | | | | | | |
|----------------|---|---|---|---|---|--|--|
| ASSUMED ACBM | | | X | X | | | |
| CONFIRMED ACBM | X | X | | | X | | |
| NON-ACBM | | | | | | | |

CHECK ONE

| | | | | | | | |
|-------------|---|---|---|---|---|--|--|
| NON-FRIABLE | X | X | X | X | | | |
| FRIABLE | | | | | X | | |

EXPOSURE CONSIDERATION
1 TO 5 (5 WORST)

| | | | | | | | |
|--------------------|---|---|---|---|---|--|--|
| DETERIORATION | 1 | 1 | 1 | 1 | 5 | | |
| PHYSICAL DAMAGE | 1 | 1 | 1 | 1 | 5 | | |
| WATER DAMAGE | 1 | 1 | 1 | 1 | 1 | | |
| ACTIVITY/VIBRATION | 4 | 4 | 5 | 5 | 5 | | |
| EXPOSURE | 4 | 4 | 5 | 5 | 2 | | |
| ACCESSIBILITY | 4 | 4 | 5 | 5 | 2 | | |

LENGTH OF EXPOSURE

(CHECK ONE)

| | | | | | | | |
|--------------|---|---|---|---|---|--|--|
| 1 HOUR/WEEK | | | | | | | |
| 5 HOUR/WEEK | | | | | | | |
| 10 HOUR/WEEK | | | | | X | | |
| 20 HOUR/WEEK | | | | | | | |
| 40 HOUR/WEEK | X | X | X | X | | | |

EXPOSURE POPULATION

(CHECK ALL APPLICABLE)

| | | | | | | | |
|---------------|---|---|---|---|---|--|--|
| MAINTENANCE | X | X | X | X | X | | |
| CUSTODIAL | X | X | X | X | X | | |
| FACULTY/STAFF | X | X | X | X | | | |
| PUBLIC | X | X | X | X | | | |

ASSESSMENT

(MARK FROM 1 TO 7)

| | | | | | | | |
|---|---|---|---|--|--|--|--|
| 5 | 5 | 5 | 5 | | | | |
|---|---|---|---|--|--|--|--|

**** RESPONSE ACTIONS**

(MARK FROM A TO H)

| | | | | | | | |
|---|---|---|---|---|--|--|--|
| B | B | B | B | 1 | | | |
|---|---|---|---|---|--|--|--|

ASSESSMENT LEGEND

8. Damaged/significantly damaged TSI
9. Damaged friable surfacing ACBM
10. Significantly damaged friable surfacing material
11. Damaged/significantly damaged friable misc. ACBM
12. ACBM with potential for damage
13. ACBM with potential for significant damage
14. Any remaining friable ACBM or suspect ACBM

RESPONSE ACTIONS LEGEND

- | | |
|------------------------------------|--------------|
| E. Institute preventative measures | I. Enclosure |
| F. O & M Program | J. Remove |
| G. Repair | K. Isolate |
| H. Encapsulate | L. Other |

NOTES

**** If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5**

**** If "previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0**

JOE SMITH
INSPECTOR (Typed name)

Joe Smith
SIGNATURE

5973 / KS
ACCREDITATION #/STATE

MANAGEMENT PLANNER

SIGNATURE

ACCREDITATION #/STATE

EXAMPLE