

4h

ChemScope, Inc.

FINAL CLEARANCE INSPECTION CHECK LIST

Form FL-22v (revised 2/98)

Site Name: _____ Date of Inspection: _____

Address: _____ Contractor _____

Containment Up? _____ Negative Air on? _____ CS# _____

Work Area: _____

Scope of Work to be inspected (include amount & location, e.g. 40 sq ft of transite Room 17 North Wall, for boiler is inside included, etc.):

Work area name and quantity are consistent with specification and/or job sheet: Yes _____ No _____ If no, please explain:

Describe suspect ACM (Asbestos Containing Material) NOT in scope of work is this work area:

Were there parts of the work area or work you could not access? _____

If so, describe additional area to be inspected: _____

For partial removal: What materials remain (include location)? _____

Reason for partial removal: damage ___ selective demolition ___ unknown ___ other _____

Result of visual inspection: _____

Who did you notify about the visual inspection result? _____

Is a sketch of the work area attached? _____

Overall results: Pass _____ Fail _____

Additional Comments? _____

Signature: _____ Date: _____