AIR MANAGEMENT SERVICES
ASBESTOS CONTROL UNIT
7801 ESSINGTON AVE
PHILADELPHIA, PA 19153
(215) 685-7576

This report must be submitted to AMS within 10 days of each project phase completion. This report must include a copy of the TEM or PCM laboratory report.

FINAL CLEARANCE INSPECTION REPORT

Monitoring Firm :_____

Street Address :_____

City, State, Zip :_____

Phone Number :_____

Contractor:_____

Permit number assigned by AMS:_____

Project Dates:_____to_____

This project is 100% complete: ☐ yes or no ☐

This letter is to certify that I performed a visual inspection of the asbestos abatement area(s) listed below and that:

☐ The area contains no visible dust or debris.

☐ Aggressive air monitoring was performed in accordance with the Philadelphia Asbestos Control Regulations.

The airborne asbestos level does not exceed the standard given in the ACR as follows:

☐ Section VI.D.5.a for re-occupancy   ☐ Section VI.D.4.c for demolition   ☐ Section VI.D.4.b(1.)(d.) For outdoor projects

or,

☐ Permitted Major Project with AMS approved Alternative Method Request to prep and clear as Minor project. TEM sampling <u>not</u> required.

The pre-test and project samples were analyzed by:

AIHA Accredited Laboratory: _____   _____
_____Name of Licensed Laboratory_____   _____City License #_____

Individual listed by the AAR:_____   _____
_____Name of Licensed Individual_____   _____City License #_____

TEM Clearance Samples were analyzed by:
NIST Accredited Laboratory: _____   _____
_____Name of Licensed Laboratory_____   _____City License #_____

This Final Clearance Inspection Report is verification of the work performed as described on the notification and listed below. This description and location of material, amount of ACM, the visual inspection date, the number of inside samples analyzed, the laboratory geometric mean results, the PCM results and/or the Z test comparison are listed below accordingly.

Building Name on Notification		Street Address of Building		Building Contact & Phone #	

Description of Material	Location of Material (room/floor/area) (demarcate sample reports if reporting more than one work area location)	Amount of ACM	Visual Inspection Date	Geometric Mean Result*	Number of Samples Analyzed

I hereby certify that the foregoing statements and the information contained in this report are true. This certification is made subject to the penalties set forth in 18 PA C.S. 4904 relating to unsworn falsification to authorities.

Printed Name of Asbestos Project Inspector:_____   Certification #:_____

Signature of Asbestos Project Inspector: _____   Date: _____

AMS Approval_____