



# Semi-Annual Asbestos Inspection Form

By the end of June and December each year, visually inspect all areas identified in the management plan as Asbestos Contained Building Material (ACBM) or assumed ACBM.

## Form Instructions:

This electronic form must be submitted twice each year, after the inspection has taken place.

1. When completing this form, please be sure to FIRST save a copy to your computer hard drive.
2. Once you have completed the form, save the form again.
3. Print a hard copy by clicking on "Print File Copy". The Individual Inspecting and the Principal must sign this copy.
4. Make a photocopy for your Asbestos Management Plan Folder in your safety drawer.
5. Send the signed original via the pony to Fire, Safety, and Inspections, Attn: Robbyn Hall
6. Submit the completed form electronically to Robbyn Hall by clicking on "Submit Electronic Version".
7. Check whether or not the form was successfully submitted by looking in your Outlook sent mailbox.

Name of the Facility: Oasis Charter Elementary

Address: 2817 SW 3rd Lane

City: Cape Coral

State: FL Zip Code: 33991

Individual Inspecting: Rhett Rochna

Date of Inspection: December 13 2024

## Inspection Details

## Status of Materials

Building	Room Number	ACBM Type	Unchanged	Contact Damage	Water Damage
Assumed Vinyl Floor Tile/ Baseboards	Admin		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
	School		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
	Cafe		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
	Kitchen		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Assumed Fire Doors	Admin		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
	School		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
	Cafe		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
	Kitchen		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Assumed Ceiling Tiles	Admin		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
	School		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
	Cafe		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
	Kitchen		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

Comments

Recommended Action

Principal's Signature:

Inspector's Signature:

*[Handwritten Signature]*  
*[Handwritten Signature]* Maint Tech

Date: 12.13.24

Date: 12-13-24

Print File Copy

Submit Electronic Form