

Asbestos Abatement Containment Integrity Checklist

Site / Project	_____	Address	_____
Inspector name	_____	Company	_____
Date	_____	Time	_____

Documentation aid only. Adapt this resource to the site, manufacturer instructions, and applicable local requirements. It does not replace a competent person, professional judgment, legal advice, or a required statutory form.

Inspection checklist

Polyethylene Sheeting Integrity

☐	Are all seams of the polyethylene sheeting (poly) properly overlapped (minimum 12 inches) and taped with asbestos-rated duct tape?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Verify that the polyethylene sheeting is of adequate thickness (minimum 6-mil) and free from punctures, tears, or abrasions.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Confirm critical barriers (e.g., doorways, windows, HVAC vents) are sealed with multiple layers of poly and taped securely.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Is the floor completely covered with polyethylene sheeting, extending up the walls at least 12 inches, and properly sealed?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Are walls covered with polyethylene sheeting to a height sufficient to contain all asbestos-containing materials (ACM)?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Ensure poly sheeting is sealed tightly around the negative air machine exhaust duct to prevent air leakage.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Inspect all penetrations (pipes, conduits) through the poly for proper sealing with tape or caulk.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Conduct a thorough visual inspection of all poly surfaces for any signs of damage or deterioration.	☐ Pass	☐ Fail	☐ N/A	Notes: _____

☐	Are sufficient quantities of appropriate repair materials (poly sheeting, tape) readily available on-site?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Are doorways protected with an airlock system consisting of at least two layers of poly sheeting?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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Negative Pressure System

☐	Verify that the negative pressure enclosure (NPE) maintains a minimum negative pressure of -0.02 inches of water column relative to surrounding areas.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Confirm the manometer or pressure gauge is functioning correctly and properly calibrated.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Ensure the negative air machine (NAM) provides the required air changes per hour (ACH) as specified in the project plan.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Inspect the HEPA filter on the NAM for damage, proper seating, and loading. Replace if necessary.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Verify that the NAM exhaust is directed outside the building or to a location where re-entrainment is prevented.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Confirm the NAM is connected to a reliable power source and protected from power outages (e.g., backup generator).	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Test the NAM's alarm system to ensure it functions correctly in the event of pressure loss or equipment failure.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Review the NAM maintenance log to ensure regular maintenance has been performed according to the manufacturer's recommendations.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Observe air flow patterns within the containment to ensure proper direction towards the NAM intake.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Are spare HEPA filters readily available on-site for immediate replacement?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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Decontamination Unit (DCU)

☐	Verify the DCU is properly configured with a clean room, shower room, and equipment room, in that order.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Ensure each chamber of the DCU has an airlock system to prevent the escape of asbestos fibers.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Confirm the shower provides adequate hot water (minimum 100°F) and cold water for effective decontamination.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Verify the shower drainage system is functioning properly and connected to an appropriate wastewater disposal system.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Ensure adequate supplies of soap, shampoo, and clean towels are available in the shower room.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Confirm that asbestos-contaminated clothing and equipment are properly bagged and labeled for disposal.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Inspect the DCU for cleanliness and proper maintenance. Clean regularly to prevent fiber accumulation.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Are clear and concise decontamination procedures posted within the DCU?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Visually inspect the DCU structure for any damage or leaks that could compromise its effectiveness.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Ensure adequate lighting is provided in all areas of the DCU for safe and effective use.	☐ Pass	☐ Fail	☐ N/A	Notes: _____

Air Monitoring and Clearance

☐	Verify that a written air monitoring plan is in place and being followed according to regulatory requirements.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Confirm that personal air sampling is being conducted for all employees potentially exposed to asbestos fibers.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Ensure area air samples are collected outside the containment to monitor for potential fiber release.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Verify that air samples are being analyzed by a qualified laboratory using Phase Contrast Microscopy (PCM) or Transmission Electron Microscopy (TEM).	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Review air sample results to ensure employee exposures are below the Permissible Exposure Limit (PEL) and Excursion Limit.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Confirm that clearance air monitoring is performed after abatement is complete and before the containment is removed.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Verify that clearance air monitoring meets the required criteria (e.g., <0.01 f/cc by TEM) before containment removal.	☐ Pass	☐ Fail	☐ N/A	Notes: _____

☐ Ensure that all air monitoring records are properly maintained and readily available for review.	☐ Pass ☐ Fail ☐ N/A Notes: _____
☐ Verify that air sampling equipment is properly calibrated and maintained.	☐ Pass ☐ Fail ☐ N/A Notes: _____
☐ Confirm that a competent person is overseeing the air monitoring program.	☐ Pass ☐ Fail ☐ N/A Notes: _____

Findings

#	Item	Location	Severity	Action required
1				
2				
3				
4				
5				
6				
7				
8				

Signature

Inspector signature _____

Name _____

Date _____