Greater Southern Tier BOCES

innovation in creating student success through cooperative services

MEMO

TO: Todd VanHouten
FROM: Tim Gilbert, NYS Cert #16-19201
DATE: 07/13/2020

RE: Elmira Heights School District 6 Month Surveillance Findings with Response Actions Required

Attached are the results of the 6 month asbestos surveillance which was performed on 07/13/2020. All action items are in the notes column in bold font, please take care of these items as soon as possible.

Please include a statement in the next newsletter to notify the public that the required surveillance has been completed. Examples of public notices are included below for your information.

"Elmira Heights School District has completed the inspection of all schools and buildings in accordance with the laws regarding asbestos as a potential health hazard for students, employees and visitors.

Also, a management plan has been developed in compliance with the Asbestos Hazard Emergency Response Act, which includes training of maintenance staff for safe handling, periodic re- inspection, surveillance and limited abatement by trained personnel. A copy of this management plan is available upon request by contacting Todd VanHouten at (607) 734-7114"

OR

"Elmira Heights School District has successfully completed the inspection of all schools and buildings in accordance with the Asbestos Hazard Emergency Response Act. For details or to obtain a copy of the management plan, contact Todd VanHouten at (607) 734-7114"

Please also notify the BOE that the 6 month surveillance has been completed. (This is an SED requirement.)

I can be reached at 739-3581, X1404 if you have questions.

Thank you for the opportunity to work with Elmira Heights School District.

Elmira Heights **Central School District**

Asbestos Surveillance / Inspection Form

Instructions: Please complete the blank spaces on the form based upon observations during the surveillance / inspection.

1. Date: 07/13/2020 **Surveillance or ~~Inspection~~ (circle)**

2. Asbestos Removals? (Briefly describe, i.e. location, building, date(s), etc.):
Note, please complete and include details of removal on accompanying asbestos removal form.
None

3. Damaged asbestos observed?	Y ☐	N ☑
4. If damaged asbestos observed, is friable asbestos an issue?	Y ☐	N ☑
5. Is an emergency removal/actions warranted?	Y ☐	N ☑
6. Was notice provided to the district (Facilities Manager)? *Provide Date.*	Y ☑	N ☐ _____
7. For ACBM not damaged, are the workers using proper work practices on and around the ACBM (non destructive methods, O&M, etc.)?	Y ☑	N ☐

Please describe any yes answers and any observations from the surveillance/inspection below.

8. Observations from Surveillance: A thorough visual surveillance was performed on the known ACM in the buildings. The material was in good condition and it appears that proper O&M procedures are being implemented by the district **Signature:** [signature]

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1. Date: _____ **Surveillance or Inspection (circle)**

2. Asbestos Removals? (Briefly describe, i.e. location, building, date(s), etc.):
Note, please complete and include details of removal on accompanying asbestos removal form.

3. Damaged asbestos observed?	Y ☐	N ☐
4. If damaged asbestos observed, is friable asbestos an issue?	Y ☐	N ☐
5. Is an emergency removal/actions warranted?	Y ☐	N ☐
6. Was notice provided to the district (Facilities Manager)? *Provide Date.*	Y ☐	N ☐ _____
7. For ACBM not damaged, are the workers using proper work practices on and around the ACBM (non destructive methods, O&M, etc.)?	Y ☐	N ☐

Please describe any yes answers and any observations from the surveillance/inspection below.

8. Observations from Surveillance: _____

Signature: _____

Asbestos Visual Surveillance
Location: **Elmira Heights – TAE**
Date: 07/13/2020
Performed by: Timothy C Gilbert Certificate # 16-1920

2083 College Ave, Elmira Heights, NY 14903
(607) 733-5604

Location	Functional Space #	ACM	Quantity	Damage category	Removed	Remaining	Response Action
IT Room across from Media Center	1077	9X9 Light Gray Vat	200 sq. ft.	√		200 sq. ft.	(2) Entrance tiles missing. (4 ½ tiles missing alongside wall left of door appear to have been missing for a period of time.) (5 tiles missing by wall opposite door under electrical unit mounted to the floor and appear to have been missing for a period of time.) Recommended waxing or sealing.

Damage Category 1 *means* damaged or significantly-damaged thermal system insulation ACM.
Damage Category 2 *means* damaged friable surfacing ACM.
Damage Category 3 *means* significantly-damaged friable surfacing ACM.
Damage Category 4 *means* damaged or significantly-damaged friable miscellaneous ACM
Damage Category 5 *means* ACBM with the potentials for damage.
Damage Category 6 *means* ACBM with the potential for significant damage.
Damage Category 7 means other friable ACBM or suspected ACBM.
Damaged means exhibiting up to 10% distributed, or up to 25% localized damage over the surface of the material.
Significantly Damaged means exhibiting greater than 10% distributed, or greater than 25% localized damage over the surface of the material friable.
√ AHERA regulations do not require inspectors to assess non-friable materials unless those materials, once deemed non-friable, have subsequently become. The materials indicated were non-friable at the time of the inspection. These materials may become friable through damage caused by many factors including, but not limited to: water, impact, abrasion, maintenance activities, etc. Should any of these materials become friable, the material(s) must be assessed and placed in one of the AHERA specified damage categories.

Asbestos Visual Surveillance
Location: Elmira Heights – **Cohen**
Date: 07/13/2020
Performed by: Timothy C Gilbert Certificate # 16-19201

100 Robinwood Ave, Elmira Heights, NY 14903
(607) 733-5604

Location	Functional Space #	ACM	Quantity	Damage category	Removed	Remaining	Response Action
Teachers lunch room off cafeteria (room 137 faculty room per floor plan)	1002	JMM 9X9 VAT Green w/white streaks	10 joints 485 sq. ft.	5 √	485 sq. ft.	10 joints 0 sq. ft.	JMM visibly in good condition/VAT-Removed Summer 2017 under capitol project contractor AKTOR Corporation/ survey by ENVOY proj#E16-1858
Cafeteria storage	1008	JMM	6 joints	5	6 Joints	0 joints	Removed Summer 2017 under capitol project contractor AKTOR Corporation/ survey by ENVOY proj#E16-1858
Fan room – Elementary Hall 2nd Floor – near elevator	2051	JMM	26 joints	5		26 joints	No damage noted
Cafeteria Office		9x9 VAT Light Green w/white streaks	48 sq. ft.	5	48 sq. ft.	0 sq ft	No damage noted/ removed Summer 2017 under capitol project contractor AKTOR Corporation/ survey by ENVOY proj#E16-1858

Damage Category 1 *means* damaged or significantly-damaged thermal system insulation ACM.
Damage Category 2 *means* damaged friable surfacing ACM.
Damage Category 3 *means* significantly-damaged friable surfacing ACM.
Damage Category 4 *means* damaged or significantly-damaged friable miscellaneous ACM
Damage Category 5 *means* ACBM with the potentials for damage.

Damage Category 6 *means* ACBM with the potential for significant damage.

Damage Category 7 means other friable ACBM or suspected ACBM.

Damaged means exhibiting up to 10% distributed, or up to 25% localized damage over the surface of the material.

Significantly Damaged means exhibiting greater than 10% distributed, or greater than 25% localized damage over the surface of the material friable.

√ AHERA regulations do not require inspectors to assess non-friable materials unless those materials, once deemed non-friable, have subsequently become. The materials indicated were non-friable at the time of the inspection. These materials may become friable through damage caused by many factors including, but not limited to: water, impact, abrasion, maintenance activities, etc. Should any of these materials become friable, the material(s) must be assessed and placed in one of the AHERA specified damage categories.

New York State Department of Health Certificate of Asbestos Safety Training

This form is the official record of successful completion of a New York State accredited asbestos safety training course.

Certificate No. 833987

I –To be completed by Trainee

Name of Trainee (print)	NYS Depart. of Motor Vehicles ID (DMV ID)[1]	
Signature of Trainee	Telephone Number	Date of Birth[1]
Address		
(Street or PO Box) (City) (State) (Zip Code)		

II—To be completed by Training Sponsor

Provider's Name	Telephone Number
Address / Zip Code	Course Location:

Course Title: ☐ Initial ☒ Refresher ☐ DOH Equivalency [2] *NYS DOH use only*

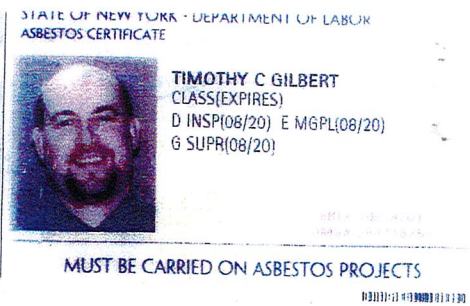
Training Language: ☒ English ☐ Other: Exam Grade/Date:

Dates of Training: From: To: Expires:

I certify that the asbestos safety training course given on the above date complied with both 10 NYCRR Part 73 and TSCA Title II, was consistent with the curriculum and instructors approved by the New York State Department of Health, and the trainee receiving this certificate completed the training course and successfully passed the examination.

Training Director[2]: (Print) (Signature) STUDENT

DOH-2832 (10/03) [1] Optional Information [2] DOH Equivalency signed by NYS DOH representative only



New York State Department of Health Certificate of Asbestos Safety Training

This form is the official record of successful completion of a New York State accredited asbestos safety training course.

Certificate No. 829261

I –To be completed by Trainee

Name of Trainee (print)	NYS Depart. of Motor Vehicles ID (DMV ID)[1]	
Signature of Trainee	Telephone Number	Date of Birth[1]
Address		
(Street or PO Box) (City) (State) (Zip Code)		

II—To be completed by Training Sponsor

Provider's Name	Telephone Number
Address / Zip Code	Course Location:

Course Title: ☐ Initial ☒ Refresher ☐ DOH Equivalency [2] *NYS DOH use only*

Training Language: ☒ English ☐ Other: Exam Grade/Date:

Dates of Training: From: To: Expires:

I certify that the asbestos safety training course given on the above date complied with both 10 NYCRR Part 73 and TSCA Title II, was consistent with the curriculum and instructors approved by the New York State Department of Health, and the trainee receiving this certificate completed the training course and successfully passed the examination.

Training Director[2]: (Print) (Signature) STUDENT

New York State Department of Health Certificate of Asbestos Safety Training

This form is the official record of successful completion of a New York State accredited asbestos safety training course.

Certificate No. 833964

I –To be completed by Trainee

Name of Trainee (print)	NYS Depart. of Motor Vehicles ID (DMV ID)[1]	
Signature of Trainee	Telephone Number	Date of Birth[1]
Address		
(Street or PO Box) (City) (State) (Zip Code)		

II—To be completed by Training Sponsor

Provider's Name	Telephone Number
Address / Zip Code	Course Location:

Course Title: ☐ Initial ☒ Refresher ☐ DOH Equivalency [2] *NYS DOH use only*

Training Language: ☒ English ☐ Other: Exam Grade/Date:

Dates of Training: From: To: Expires:

I certify that the asbestos safety training course given on the above date complied with both 10 NYCRR Part 73 and TSCA Title II, was consistent with the curriculum and instructors approved by the New York State Department of Health, and the trainee receiving this certificate completed the training course and successfully passed the examination.

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