

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH



Raul Pino, M.D., M.P.H.  
Commissioner

Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

### LOCAL EDUCATION AGENCY (LEA) MANDATORY REPORT DOCUMENTATION OF THREE-YEAR REINSPECTION FOR ASBESTOS-CONTAINING MATERIALS

**INSTRUCTIONS:** Form must be typed or prepared electronically. Digital signatures are acceptable. The LEA may submit the form electronically to [DPH.Asbestos@ct.gov](mailto:DPH.Asbestos@ct.gov) or mail to the **Department of Public Health at 410 Capitol Avenue, MS #51 AIR, PO Box 340308, Hartford, CT. 06134-0308**

**Sections 1-2:** Management Planner (MP) shall complete and submit form electronically to the LEA Designated Person (DP). If MP recommends a response action, **other than operations and maintenance (O&M) and/or Preventive Measures**, submit *Attachment A*, detailing the specific recommendations for each school.

**Section 3:** Local education agency (LEA) shall complete and submit to the DPH **within thirty-(30) days of the date of the reinspection**. The DP must list the course name, dates and hours of training received to carry out the LEA's duties. If the DP satisfied training requirement by reading the *DP's Self Study Guide*, specify the dates and number of hours it was read. Upon submittal to the DPH, the DP must place a copy of the form and Attachment A, if applicable, in the asbestos management plan for each school, and send a completed copy of the form to the MP.

**SECTION 1:**

LEA	Street Address		City and Zip code
<b>Initial Approval:</b>	<b>Last 3-Year Reinspection Date/s</b>		<b>Current Reinspection Date/s:</b>
<b>Management Planner</b>	<b>Lic #   License Exp.</b>	<b>Accred Exp. Date</b>	<b>Signature</b>
<b>Inspector 1</b>	<b>Lic #   License Exp.1</b>	<b>Accred Exp. Date 1</b>	<b>Signature 1</b>
<b>Inspector 2</b>	<b>Lic #   License Exp. 2</b>	<b>Accred Exp. Date 2</b>	<b>Signature 2</b>
<b>Inspector 3</b>	<b>Lic #   License Exp. 3</b>	<b>Accred Exp. Date 3</b>	<b>Signature 3</b>



Phone: (860) 509-7367 • Fax: (860) 509-7378  
410 Capitol Avenue, MS #51AIR - P.O. Box 340308  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)  
*Affirmative Action/Equal Opportunity Employer*

If the MP only recommends O&M (less than 3 square feet or 3 linear feet) or preventive measures, Section 2 and Appendix 1 are not applicable. MP recommendations other than O&M, please check the column below for each school. If MP recommends initial cleaning (IC) or additional cleaning (AC), as a result of the inspection findings, please note with IC or AC or leave blank.

**SECTION 2** (If space is inadequate, please attach additional pages)

School Name	Address	MP Recommendations	Cleaning (IC or AC)
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

**SECTION 3**

Superintendent/Head of School	Designated Person	DP Training Course (Name, Date, #of Hours)
Designated Person Phone	Designated Person Cell	Designated Person Email

I understand my responsibilities as the designated person, and have reviewed the management planner’s recommendations. I certify that the general local education agency responsibilities, as stipulated by Section 19a-333-2 of the Regulations of Connecticut State Agencies, have been (or will be) met.

\_\_\_\_\_  
Designated Person Signature

\_\_\_\_\_  
Date

**ATTACHMENT A - MANAGEMENT PLANNER RECOMMENDATIONS  
(OTHER THAN O&M and PREVENTIVE MEASURES)**

**INSTRUCTIONS:** The Management Planner (MP) is to complete this form for each school building that is subject to the three-year reinspection requirements of Section 19a-333-3 of the Regulations of Connecticut State Agencies, and the MP recommends a response action other than Operations and Maintenance and/or preventive measures.

The MP shall specify the name of the school, the nature of the recommendation (e.g. remove, repair), location of the asbestos-containing building material (ACBM) associated with the recommendation (e.g. cafeteria – roof drain insulation) and approximate quantity. Please use a separate entry when the management planner lists multiple recommendations for a single school. Attach as many forms to the prescribed form as necessary to list separate entries for multiple schools.

Name of School	MP Recommendation	Location/Type and Amount of ACBM

Management Planner Signature: \_\_\_\_\_ Date: \_\_\_\_\_