

City of Philadelphia - Department of Public Health Public Health Services - Air Management Services Asbestos Control Unit - 321 University Av., 19104

e Only	Date Received L&I:	Date Received AMS:
Office Use	Date Inspected:	Inspector#

## **Asbestos Inspection Report**

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1. Name of Building / Property:	Addres	SS							
Philadelphia Boys' Latin Charter School	5501	5501 Cedar Avenue, Philadelphia, PA							
2. Name of Building / Property Owner:		Address Phone No.							
Boys Latin Foundation	222 K	eswick A	venue, Glenside,	, PA 19038	(610) 6	596-8980			
3. Name of Philadelphia Certified Investigator:	Certifi	cation No.	Contact Inform	ation / Email	Phone N	0.			
Ian Forster	0477	0477 <u>iforster@criterionlabs.com / 215-244-1300</u>							
L&I Commercial Activity No. (Former Business Privilege License No.)  Business Tax ID No.									
018495		506474	6						
4. Name of Philadelphia Licensed Laboratory:	License	License No. Phone No.							
Criterion Laboratories, Inc.	0001	000106 (215) 244-1300							
5. Scope of Work:									
Interior Renovations									
6. Property has been declared to be in imminent danger (ID) of failure or collapse by the City of Philadelphia Department of Licenses and Inspections.  Attached is a copy of the L&I Notice of Violation declaring the property I.D. **Note: INVESTIGATOR MUST BE ON SITE DURING DEMOLITION!									
7.(ACMs) identified?   Yes (List Below) No (explain) All sample negative for asbestos content									
8. Suspected ACMs sampled? Xes (attached are copies of the laboratory chain of custody and bulk sample results.) No (Why?)									
9. List of all identified ACM's locatd in the planned renovation/demolition areas. Damaged ACM must be listed and then repaired or									
removed prior to renovation. You (Investigator) must label all ACM that may be left in the work area. (Attached are add'tl sheets.)									
		Type Amount			Condition Action				
Location Description	()	Code 1)	Square L	Linear (C	Code 2)	(Code 3)			
NOTE:									
1) If additional, suspect ma			nard walls or abo	ve hard ceili	ngs, plea	se contact			
Criterion Laboratories, Inc. so area can be reassessed.									
<u>Code 1</u> <u>Code 2</u> <u>Code 3</u>									
FRI - Friable DD - Deteri NF1 - Non-Friable, Cat. 1 Delan		REM - Removal necessary prior to Demo/Reno NRN - No removal necessary, label ACM							
NF1 - Non-Friable, Cat. 1 Delaminated NRN - No removal necessary, label ACM NF2 - Non-Friable, Cat. 2 ND - Non-Damaged REP - Repair & Label ACM, removal not necessary									
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10. I hereby certify that the foregoing statements are true and t									
18 PA. C.S. S4904 relating to unsworn falsification to authorities. Furthermore I certify that the inspection, sampling, and labeling requirements of section X of the Asbestos Control Regulation (ACR) have been met. The building owner has been notified of the ACR requirements and given a copy of this report. If the inspection									
has revealed ACM which will be disturbed by the proposed work or if it has revealed ACM in bad condition, the building owner has been notified to remove or repair the ACM in accordance with the ACR prior to renovation or demolition activity.									
11. Signature of Certified Asbestos Investigator	Date	Signature	of Building Owne	er	Date				
	4/21/2020	Č	C						