AIR MANAGEMENT SERVICES
ASBESTOS CONTROL UNIT
321 UNIVERSITY AVENUE
PHILADELPHIA, PA 19104
(215) 685-7576

This report must be submitted to AMS within 10 days of each project phase completion. This report must include a copy of the TEM or PCM laboratory report.

FINAL CLEARANCE INSPECTION REPORT

Monitoring Firm :_____ Contractor:_____
Street Address :_____ Permit # assigned by AMS:_____
City, State, Zip :_____ Project Dates:_____to_____
Phone Number :_____ This project is 100% complete: ☐ yes or ☐ no

This letter is to certify that I performed a visual inspection of the asbestos abatement area(s) listed below and that:

☐ The area contains no visible dust or debris.

☐ Aggressive air monitoring was performed in accordance with the Philadelphia Asbestos Control Regulations.

The airborne asbestos level does not exceed the standard given in the ACR as follows:

☐ Section VI.D.5.a for re-occupancy ☐ Section VI.D.4.c for demolition ☐ Section VI.D.4.b(1.)(d.) For outdoor projects

The pre-test and project samples were analyzed by:

AIHA Accredited Laboratory: _____ _____
Name of Licensed Laboratory City License #

Individual listed by the AAR:_____ _____
Name of Licensed Individual City License #

Clearance Samples were analyzed by:
NIST Accredited Laboratory: _____ _____
Name of Licensed Laboratory City License #

This Final Clearance Inspection Report is verification of the work performed as described on the notification and listed below. This description and location of material, amount of ACM, the visual inspection date, the number of inside samples analyzed, the laboratory geometric mean results, the PCM results and/or the Z test comparison are listed below accordingly.

Facility Name	Facility Address	Facility Contact & Phone #

Description of Material	Location of Material (room/floor/area) (demarcate sample reports if reporting more than one work area location)	Amount of ACM	Visual Inspection Date	Geometric Mean Result*	Number of Inside and/or Outside Samples Analyzed	Z Test Results *Initial Geometric Test Result Must Also Be completed

I hereby certify that the foregoing statements and the information contained in this report are true. This certification is made subject to the penalties set forth in 18 PA C.S. 4904 relating to unsworn falsification to authorities.

Printed Name of Asbestos Project Inspector:_____License #:_____

Signature of Asbestos Project Inspector:_____ Date: _____