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 :		Co	Contractor:				
Street Address :		Pe	Permit number assigned by AMS:				
City, State, Zip :		Pr	oject Dates:	to			
Phone Number :		Tł	This project is 100% complete: \Box yes or no \Box				
This letter is to certify that I	performed a visual inspection of the	asbestos abatement ar	ea(s) listed below and	that:			
The area contains no visi	ible dust or debris.						
_	g was performed in accordance with t	the Philadelphia Asbest	os Control Regulation	S.			
The airborne asbestos level	does not exceed the standard given in		_				
Section VI.D.5.a for re-o	ccupancy Section VI.D.	4.c for demolition	Section VI.D.4.b(1.)(d.) For outdoor projects				
or, Permitted Major Projec	t with AMS approved Alternative Met	hod Request to prep a	nd clear as Minor proje	ect. TEM sampling <u>not</u> required.			
The pre-test and project sar	nples were analyzed by:						
AIHA Accredited Laboratory	:						
,,	Name of Licensed Laboratory		City License #	_			
Individual listed by the AAR:							
	Name of Licensed Individual		City License #				
TEM Clearance Samples we							
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.

Building Name on Notification		Street Address of Building			Building 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 Samples Analyzed

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:

Certification #:_____

Signature of Asbestos Project Inspector:

Date: _____