





# INSPECTION REPORT



1. AIR MONITORING	<input type="checkbox"/> N/A	4. NEGATIVE PRESSURE	<input checked="" type="checkbox"/>	7. WASTE HANDLING	<input checked="" type="checkbox"/>
2. SITE ISOLATION	<input checked="" type="checkbox"/>	5. PERSONAL PROTECTIVE EQUIPMENT (PPE)	<input checked="" type="checkbox"/>	8. CLEANING	<input checked="" type="checkbox"/>
3. FACILITIES/EQUIPMENT	<input checked="" type="checkbox"/>	6. DUST SUPPRESSION	<input checked="" type="checkbox"/>	9. OTHER	<input checked="" type="checkbox"/>

ITEM	DESCRIPTION	ACTION BY
2.0	THE TYPE 3 WORK AREA IN THE BASEMENT CONSISTING OF 2 ROOMS AND 2 SHOWERS IS PROPERLY ISOLATED WITH 6-MIL POLY SEALED WITH DUCT TAPE AND SPRAY ADHESIVE.	
2.1	THE TYPE 3 WORK AREA ON THE 2ND FLOOR CONSISTING OF ONE ROOM IS ALSO PROPERLY ISOLATED.	
2.2	HIGHPOINT WAS INSTRUCTED TO SEAL OPENINGS ABOVE THE CEILING TO CREATE AN UPPER SEAL ONCE AN OPENING HAS BEEN MADE. IN THE EVENT THAT AN OPENING CANNOT BE REACHED ADDITIONAL NEGATIVE PRESSURE MUST BE MAINTAINED TO MINIMIZE THE POTENTIAL FOR DUST LEAVING THE WORK AREA.	
2.3	DECONTAMINATION FACILITIES (W/TA SHOWERS) WERE BUILT AT THE ENCLOSURE ENTRANCES.	
2.4	A WASTE TRANSFER STATION IS TO BE BUILT FOR THE BASEMENT WORK AREA.	
3.0	ALL NECESSARY FACILITIES & EQUIPMENT ARE ON-SITE AND IN GOOD WORKING ORDER.	
4.0	NEGATIVE AIR UNITS ARE IN PLACE TO PROVIDE	

SIGNED:	DATE (YEAR / MONTH / DAY):	PINCHIN FILE NUMBER:	REPORT NUMBER:	PAGE:
<i>Kevin J. [Signature]</i>	2001/05/12	40323	1	2 OF 3



# INSPECTION REPORT



1. AIR MONITORING	<input checked="" type="checkbox"/>	4. NEGATIVE PRESSURE	<input checked="" type="checkbox"/>	7. WASTE HANDLING	<input checked="" type="checkbox"/>
2. SITE ISOLATION	<input checked="" type="checkbox"/>	5. PERSONAL PROTECTIVE EQUIPMENT (PPE)	<input checked="" type="checkbox"/>	8. CLEANING	<input checked="" type="checkbox"/>
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ITEM	DESCRIPTION	ACTION BY
	NEGATIVE PRESSURE TO THE WORK AREAS.	
4.1	THE NEGATIVE AIR UNITS WERE NOT D.O.P. TESTED RECENTLY AND THE AIR MUST BE DISCHARGED OUTDOORS.	
4.2	DIFFERENTIAL PRESSURE MONITORS ARE IN PLACE TO MONITOR NEG. PRESSURE.	
5.0	ALL PPE REQUIRED IS ONSITE.	
6.0	MATERIALS ARE TO BE WETTED TO <del>CONTROL</del> SUPPRESS DUST.	
7.0	WASTE MUST BE DOUBLE-BAGGED AND WIPED DOWN PRIOR TO LEAVING WORK AREAS.	
8.0	THE WORK AREAS WERE CLEANED PRIOR TO SETUP.	
9.0	HIGHPOINT WAS INSTRUCTED TO PHONE THE INSPECTOR ~1 HOUR PRIOR TO COMPLETION OF FINAL CLEANING FOR A VISUAL CLEARANCE INSPECTION.	
9.1	PRE-CONTAMINATION INSPECTION PASSED AT 2:00 PM.	
END OF INSPECTION REPORT		

SIGNED:	DATE (YEAR / MONTH / DAY):	PINCHIN FILE NUMBER:	REPORT NUMBER:	PAGE:
Ronald Lewis	2007 / 05 / 12	40303	1	3 OF 3



# INSPECTION REPORT



TO: JENNIFER XU SEAN THIBEAULT PETER BENSLEY		COMPANY: BROWN DANIELS. YORK UNIVERSITY. HIGH POINT.		CONTACT INFORMATION (MAIL/EMAIL/FAX):			
PROJECT: WINTERS COLLEGE - YORK UNIVERSITY		PINCHIN FILE NUMBER: 40323					
PROJECT ADDRESS:		NUMBER OF WORKERS:					
INSPECTOR: D. NEWTON.		TIME IN: 14:30		TIME OUT: 19:00			
WORK AREA / WORK IN PROGRESS: PINCHIN IS ON SITE TO COMPLETE A FINAL VISUAL INSPECTION FOR THE REMOVAL OF ASBESTOS-CONTAINING PLASTER FROM THE BASEMENT WORK AREA AND THE 2 <sup>ND</sup> FLOOR WORK AREA.							
- CONTRACTOR HAS REMOVED ALL ASBESTOS-CONTAINING PLASTER FROM THE 2 SEPARATE WORK AREAS							
CASSETTE / SAMPLE NO.	PUMP NO.	START TIME	DURATION (Minutes)	FLOW RATE (L/min)	SAMPLE VOLUME (Litres)	DESCRIPTION OF SAMPLE	RESULT
<del>_____</del>							
<del>_____</del>							
<del>_____</del>							
<del>_____</del>							
<del>_____</del>							
<del>_____</del>							
<del>_____</del>							
<del>_____</del>							
<del>_____</del>							
SIGNED: 		DATE (YEAR / MONTH / DAY): 17-05-13		REPORT NUMBER: 2		PAGE: 1 OF 2.	





# INSPECTION REPORT



TO: Jennifer Xu Sean Thibeault Peter Bensley	COMPANY: Brown Daniels York University Highpoint	CONTACT INFORMATION (MAIL/EMAIL/FAX):
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PROJECT: York University - Winter's College	PINCHIN FILE NUMBER: 40323
PROJECT ADDRESS:	NUMBER OF WORKERS: -

INSPECTOR: Anthony Rottic	TIME IN: 08:00	TIME OUT: 12:15
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WORK AREA / WORK IN PROGRESS:  
Air clearance performed of two Type 3 work areas on 2nd floor + basement level.

Results for the air monitoring conducted are within acceptable airborne fibre levels for an occupied area (<math><0.01</math> fibres per mL of air)

CASSETTE / SAMPLE NO.	PUMP NO.	START TIME	DURATION (Minutes)	FLOW RATE (L/min)	SAMPLE VOLUME (Litres)	DESCRIPTION OF SAMPLE	RESULT
143690	H1	8:30	160	15	2400	clear - Type 3, <del>2nd</del> basement	<math><0.01</math>
143699	H2	8:30	160	15	2400	clear - Type 3, bsmt	<math><0.01</math>
143700	H3	8:30	160	15	2400	clear - Type 3, bsmt	<math><0.01</math>
143671	H4	8:35	160	15	2400	clear - Type 3, 2nd flr	<math><0.01</math>
143683	H5	8:35	160	15	2400	clear - Type 3, 2nd flr	<math><0.01</math>

SIGNED: 	DATE (YEAR / MONTH / DAY): 2007/05/14	REPORT NUMBER: 3	PAGE: 1 OF 1
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