



# Semi-Annual Asbestos Inspection Form

By the end of June and December each year, visually inspect all areas identified in the management plan as Asbestos Contained Building Material (ACBM) or assumed ACBM.

## Form Instructions:

This electronic form must be submitted twice each year, after the inspection has taken place.

1. When completing this form, please be sure to FIRST save a copy to your computer hard drive.
2. Once you have completed the form, save the form again.
3. Print a hard copy by clicking on "Print File Copy". The Individual Inspecting and the Principal must sign this copy.
4. Make a photocopy for your Asbestos Management Plan Folder in your safety drawer.
5. Send the signed original via the pony to Fire, Safety, and Inspections, Attn: Robbyn Hall
6. Submit the completed form electronically to Robbyn Hall by clicking on "Submit Electronic Version".
7. Check whether or not the form was successfully submitted by looking in your Outlook sent mailbox.

Name of the Facility: Select Oasis Elementary South  
 Address: 3415 Oasis Blvd City: Cape Coral State: FL Zip Code: 33991  
 Individual Inspecting: John Ferrara Date of Inspection: Month 01 Day 6 Year 2025

## Inspection Details

## Status of Materials

Building	Room Number	ACBM Type	Unchanged	Contact Damage	Water Damage
Assumed Vinyl floor	Admin/cafeteria		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Assumed Fire doors	Classroom		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Assumed Sink insulation	Classrooms		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Assumed Base/mastic	Classrooms		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Comments

Recommended Action

Principal's Signature:

*[Handwritten Signature]*

Date:

1/6/25

Inspector's Signature:

*[Handwritten Signature]*

Date:

1/6/25

Print File Copy

Maintenance Specialist  
City of Cape Coral

Submit Electronic Form