Functional Space Report

Page ____ of _____ Date Inspected: _____

Building Owner: _____ Date of Report: _____

Building: _____ Floor:_____

Functional Space Evaluated:_____ Inspector's Name: _____

Area Use: _____ Drawing Ref. Number(s): _____

Occupancy: HIGH MODERATE LOW UNOCCUPIED Comments:_____

Area Dimensions Lighting: SURFACE / SUSPENDED / RECESSED / NONE

_____x_____x_____ ASBESTOS DEBRIS: YES / NO _____ ft.

Floor Type(s): _____ Wall Type(s): _____ Ceiling Type(s): _____

ACBM Type: SURFACING TSI MISC. _____ Amount _____

(Non) FRIABLE (Not) DAMAGED SIGNIFICANTLY DAMAGED POT. DAMAGED POT. SIG. DAMAGED

Comments:

_____

_____

Damage Type: _____ EPISODIC / PERIODIC LOCALIZED / DISTRIBUTED

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(Un) PAINTED/SEALED---\ / Amount Exposed: _____
|--------|
(Un) SEALED ENDS ------- / \ Amount Accessible: _____

Potential for Air Erosion: YES / NO Proximity to Repair Items: YES / NO Influence of Vibration: YES / NO

Homogeneous Mat. Sample Area: _____ Photo Ref.#(s) _____

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