Asbestos Liability Statistical Sampling – Cover Sheet and Supporting Documentation

This document will be used by the assessment team to obtain information about the samples tested during the Fiscal Year 2014 (FY14) Asbestos Liability Statistical Sampling process (Step 1-3) and to certify that the information is correct to the best of the bureau's knowledge in cases where the bureau is unable to provide the documentation (Step 4). Please reference the Data Elements for Asbestos-Related Cleanup Liability Estimate - Guidance on Acceptable Supporting Documentation provided by the Department's Office of Financial Management for additional information.

Step 1: Provide asset information for exempt or non-exempt assets. **Is this asset exempt? (Check if 'Yes')** ☐ **Exemption #** ☐

Sample Number:		**Real Property Unique ID:**	
FBMS Asset No:		**FBMS Business Entity:**	
DOI Asset Code / Main Usage Type:		**Building Square Square Footage:**	
User Status:		**Legal Interest:**	
Construction Completion Date:		**FBMS Bldg. Description:**	

Step 2: Provide asbestos survey information for non-exempt assets (or to prove exemption for an asset).

Asbestos Survey Question	Yes	No	N/A
Was an Asbestos Survey conducted? If YES, provide a copy of the asbestos survey.	☐	☐	
If survey conducted, is asbestos present?	☐	☐	☐
Has the building been **COMPLETELY** (100%) renovated and no asbestos remains? If YES, provide contractor's final report.	☐	☐	

Step 3: For non-exempt assets, indicate whether documentation is provided and describe the documentation for each of the following:

Data Element	Yes	No	Description of Documentation Provided (e.g., as-built drawing, photograph, condition assessment report, etc.)
DOI Asset Code / Main Usage Type	☐	☐	
Building Gross Square Footage	☐	☐	
User Status	☐	☐	
Legal Interest	☐	☐	
Construction Completion Date	☐	☐	

Step 4: Complete the following certification if any of the data elements from Step 3 are not provided or if the documentation submitted is different from the system of record:

We have examined all of our physical records and have determined that no documentation is readily available or accessible for those data elements checked "No" in Step 3. To the best of our knowledge, the asset information provided on this form is correct as it relates to the asset listed above. Signature and date of signature of certifying individual (e.g., Field Station Manager) are required.

Name	Title	Signature	Date

Step 5: Indicate the person responsible for completing the sample and the official responsible for reviewing the form:

Name of person who completed the sample	Date	Telephone/e-mail

Name of person who reviewed the sample for accuracy and completeness	Signature	Date