

Asbestos Plan Check Sheet

Name of Person Completing Form: _____

School: _____

Date: _____

Please check boxes below to show appropriate Asbestos Operations and Management Plan is in place:

- ☐ Asbestos Operations and Management Plan is filed with the local state.
- ☐ A copy of this plan is either posted in our school handbook or had been sent out in letter form to parents and personnel.
- ☐ A copy of the Asbestos Operations and Management Plan is on file at our school in a secure location.

Principals: Please submit this form to NNEC Office of Education Pre-School Week.