

LEA: \_\_\_\_\_

State System #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

County: \_\_\_\_\_

Telephone: \_\_\_\_\_

# AHERA MANAGEMENT PLAN COVER SHEET

Management Plan Submission:  Original  Resubmittal  New Building  Reinspection

List of Documents Attached:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> School Buildings                                      | <input type="checkbox"/> Periodic Surveillance Plan          | <input type="checkbox"/> Bulk Sample Analysis Form |
| <input type="checkbox"/> Preventive Measures and Response<br>Actions Scheduled | <input type="checkbox"/> Reinspection Plan                   | <input type="checkbox"/> Resources Needed          |
| <input type="checkbox"/> Response Actions Recommended                          | <input type="checkbox"/> Assessment of Materials             | <input type="checkbox"/> Steps to Inform Others    |
| <input type="checkbox"/> Operations and Maintenance Plan                       | <input type="checkbox"/> Description of Each Sample Area     | <input type="checkbox"/> Reinspection Report       |
|  | <input type="checkbox"/> Determination of Sampling Locations |  |

## LEA AHERA DESIGNEE

Typed Name: \_\_\_\_\_ Name of Training Course: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Total Hours of Course \_\_\_\_\_

\_\_\_\_\_  
Name of Training Agency: \_\_\_\_\_

## MANAGEMENT PLANNER

Typed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

NC Accreditation Number: \_\_\_\_\_ Training Agency: \_\_\_\_\_

## INSPECTOR

Typed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NC Accreditation Number: \_\_\_\_\_ Training Agency: \_\_\_\_\_

For persons who performed inspections, and recommend(ed) design, or carry out response actions (except for operations and maintenance) the local education agency used or will use persons who have been accredited by the State of North Carolina under Article 19, N.C. Gen.Stat. §130A--447 and 10A NCAC 41C .0602(a) of the Asbestos Hazard Management Program Rules. In addition, the LEA has considered whether any conflict of interest may arise from the interrelationship among accredited personnel, such as abatement activities being performed by an inspector or management planner, and whether that should influence the selection of accredited personnel to perform activities under this AHERA Program.

The signatories below certify that the general local education agency responsibilities, as stipulated by Part 763.84 have been met or will be met.

Signature: \_\_\_\_\_  
LEA AHERA Designee

Signature: \_\_\_\_\_  
LEA Superintendent

Date: \_\_\_\_\_

\_\_\_\_\_  
Typed Name of Superintendent

Date: \_\_\_\_\_

## FOR REVIEWING AGENCY USE ONLY

- Accepted  
 Returned for Reasons Stated Below

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Reviewer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Instructions for AHERA Management Plan Cover Sheet

**Purpose:** The LEA (Local Education Agency) shall use this AHERA Management Plan Cover Sheet for any complete or partial submittals of a Management Plan to the Health Hazards Control Unit (HHCU). Please note that "LEA" refers to the public school system, or individual private school, while "LEA AHERA Designee" refers to the individual responsible for managing the school's asbestos program

- Preparation:**
1. Type the LEA name, state system number (applicable only for public schools), address, county and phone number in the top right-hand corner.
  2. Place a check mark (√) to indicate whether this is the original submittal, a resubmittal, a new building or reinspection. "New Building" will only be used when the LEA is acquiring or moving into a facility constructed after October 12, 1988.
  3. Under List of Documents, make a check mark (√) to indicate each form that is being submitted with this Management Plan Cover Sheet. When ACBMs are identified, all of the indicated documents (except the Reinspection Report form) should be attached to this cover sheet in order for a Management Plan to be considered complete. It would be helpful if they were presented in the order listed, so they can be more easily reviewed.
  4. The name and signature of the LEA AHERA Designee shall be supplied along with Designee's mailing address, telephone number and the name of the training courses taken. To complete the training course information, also include the year, month, day, total hours of the course and the training agency where the training was received.
  5. The Management Planner and Inspector should sign and date the document in the appropriate signature block. The Management Planner and Inspector will also supply the unique accreditation number and the name of the training agency at which their training was received.
  6. The LEA AHERA Designee should sign and date after reading the above review requirements.
  7. The LEA Superintendent should sign and date after reading the above review requirements. Type the name of the Superintendent on the appropriate line. If the Designee and the Superintendent are the same person, s/he must still sign in both places. If this is a non-public or charter school, the head of school must sign in this signature block.

**Distribution:** The Cover Sheet and attachments should be mailed to:

NCDHHS/Public Health  
Occupational & Environmental Epidemiology Branch  
Health Hazards Control Unit  
1912 Mail Service Center  
Raleigh, North Carolina 27699-1912

For additional forms, please photocopy, or refer to our website:  
<http://www.epi.state.nc.us/epi/asbestos/forms.html>

**Additional Comments:** After the review by the HHCU, comments will be sent to the LEA Superintendent.