

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH



Raul Pino, M.D., M.P.H.  
Commissioner

Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

### LOCAL EDUCATION AGENCY (LEA) MANDATORY REPORT DOCUMENTATION OF THREE-YEAR REINSPECTION FOR ASBESTOS-CONTAINING MATERIALS

**INSTRUCTIONS:** Form must be typed or prepared electronically. Digital signatures are acceptable. The LEA may submit the form electronically to [DPH.Asbestos@ct.gov](mailto:DPH.Asbestos@ct.gov) or mail to the Department of Public Health at 410 Capitol Avenue, MS #51 AIR, PO Box 340308, Hartford, CT. 06134-0308

**Sections 1-2:** Management Planner (MP) shall complete and submit form electronically to the LEA Designated Person (DP). If MP recommends a response action, other than operations and maintenance (O&M) and/or Preventive Measures, submit *Attachment A*, detailing the specific recommendations for each school.

**Section 3:** Local education agency (LEA) shall complete and submit to the DPH within thirty-(30) days of the date of the reinspection. The DP must list the course name, dates and hours of training received to carry out the LEA's duties. If the DP satisfied training requirement by reading the *DP's Self Study Guide*, specify the dates and number of hours it was read. Upon submittal to the DPH, the DP must place a copy of the form and Attachment A, if applicable, in the asbestos management plan for each school, and send a completed copy of the form to the MP.

**SECTION 1:**

LEA	Street Address		City and Zip code
Thompson Public Schools	785 River side Drive		N. Grosvenordale, CT 06255
Initial Approval:	Last 3-Year Reinspection Date/s		Current Reinspection Date/s:
5-04-90	8-28-09		12-28-17
Management Planner	Lic #   License Exp.	Accred Exp. Date	Signature
Michael M. Akana	000083	9/30/18	
Inspector 1	Lic #   License Exp. 1	Accred Exp. Date 1	Signature 1
Michael M. Akana	000083	9/30/18	
Inspector 2	Lic #   License Exp. 2	Accred Exp. Date 2	Signature 2
Inspector 3	Lic #   License Exp. 3	Accred Exp. Date 3	Signature 3



Phone: (860) 509-7367 • Fax: (860) 509-7378  
410 Capitol Avenue, MS #51AIR - P.O. Box 340308  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)

*Affirmative Action/Equal Opportunity Employer*

**ATTACHMENT A - MANAGEMENT PLANNER RECOMMENDATIONS  
(OTHER THAN O&M and PREVENTIVE MEASURES)**

**INSTRUCTIONS:** The Management Planner (MP) is to complete this form for each school building that is subject to the three-year reinspection requirements of Section 19a-333-3 of the Regulations of Connecticut State Agencies, and the MP recommends a response action other than Operations and Maintenance and/or preventive measures.

The MP shall specify the name of the school, the nature of the recommendation (e.g. remove, repair), location of the asbestos-containing building material (ACBM) associated with the recommendation (e.g. cafeteria – roof drain insulation) and approximate quantity. Please use a separate entry when the management planner lists multiple recommendations for a single school. Attach as many forms to the prescribed form as necessary to list separate entries for multiple schools.

Name of School	MP Recommendation	Location/Type and Amount of ACBM

Management Planner Signature: \_\_\_\_\_ Date: 1/25/18

If the MP only recommends O&M (less than 3 square feet or 3 linear feet) or preventive measures, Section 2 and Appendix 1 are not applicable. MP recommendations other than O&M, please check the column below for each school. If MP recommends initial cleaning (IC) or additional cleaning (AC), as a result of the inspection findings, please note with IC or AC or leave blank.

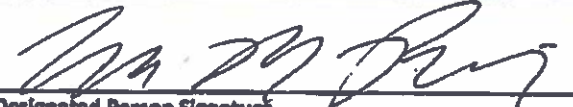
**SECTION 2 (If space is inadequate, please attach additional pages)**

School Name	Address	MP Recommendations	Cleaning (IC or AC)
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

**SECTION 3**

Superintendent/Head of School	Designated Person	DP Training Course (Name, Date, #of Hours)
Mrs. Melinda Smith	William Birch	4-27-9-28-03 AHERA DESIGNATED PERSON self study 6 hrs
Designated Person Phone	Designated Person Cell	Designated Person Email
401-949-5778	860-208-7769	Wbirch@thompsonpublicschools.org

I understand my responsibilities as the designated person, and have reviewed the management planner's recommendations. I certify that the general local education agency responsibilities, as stipulated by Section 19a-333-2 of the Regulations of Connecticut State Agencies, have been (or will be) met.

  
 Designated Person Signature

11/25/18  
 Date