LEA NAME: Brownsville ISD

SCHOOL NAME:

Aiken E.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

				-	
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
	Cafetoria Storge Curtains	Cafeteria	good	/	NA
	TSI pipe	above ceiling throughout cehasi	good		N/A
	Machie - grey	Throughout	good		NA
	Mastic-white	Chiller room	damaged		N/A
	Sink undercoating	1st and 2nd floor classrooms	good		N/A
	Covebase -	throughout school	good		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Garcia	Da As	8-8-22

LEA NAME:	Brownsuille	ISP
-----------	-------------	-----

Aiken E.S.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
	Black foarh pipe insulation	chiller room	danaged		N/A
).					

_						_
ĸ	If no	change	in	condition.	write N/0	7
-	ar no	CHAILEC	111	Condition.	WILL INV	

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe backer	he has	8-8-22

Benavides ES

(Number __ of __, make copies as necessary)

. \

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

			-		
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
003	Colored Carpet	Library, office	10 carpet	mod flooring	NA
201	Lab counter Tops Black materal	Schole Booms	NA	Notprescrt	N/A
202	Stainless Steel Sivil undercoting	Natse Station 1 Kitchen, Office areas Rooms 100-121	good		N/A
263	Cove Bace Brown	HUB Room, officer Cafeteria	duraged	damased c Governorise	NA
204	Millor	Restrons	2009		NI
205	Come Bace Black	classooms,	Ganages	Howevered france	NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name Joe Gacke	Surveillance Inspector's Signature	Date 8-9-72
--	------------------------------------	-------------

Benavides = S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
301	Pipe insulation w/white incestre	Janiter Close &	NIA	Not Comy	NA
302	Pile foun phon	Electrical	NK	Not	N/A
				•	
). ()			

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date &-4-22	
	1 10 10 10 10 10 10 10 10 10 10 10 10 10		

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
300	Stainless Steel	Nurses office	good		N/A
301	Wironactic	A way A way	9000		N/A
1/00	HVAC Mesons	Ru Away	9000		NA
				•	
		11		to to	

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date	
Joe Garcia	he has	8-4-72	

BAKES

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
10/	White wispectes	Malil office	9000		N/A
102	12'x12" RFT Multi-color	colclere refuse	good		N/A
302	Cove base Blue	Throughout School	good	damaged	N/A
		Dameige M Calebrica at entipure			
		*			
		n en			

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Garcia	Jun hus	8-12-22

Burns E.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
103	white w/Brown specks	Rm 605 Rm 605	9 000		NA
300	Stainless Steel sink undercoating	Class cooms	g ood	2 of the State of	NA
301	Stage curtains- Blue	Cafeteria	good		NA
302	Cove base	throughout	good		NA
	1'X1' RFT white w/blue species	Rm 601 B	damaged	and the second s	N/A
	Challe boards green with white board on top	Throughout	good		N/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Gania	p. 25	8-12-22

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

				y	
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
	Couchase	Throughout	good		N/A
	Challe heards green white hourds on top	Throughout (lassrooms	Good		N/H
		g.			

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date 8-12-22

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

			, x		
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
200	HVAC mustice	Through out	good		N/A

*	Ifno	change	in	condition.	write	N/C
	11 110	CHange	111	COHURION.	WIIIC	13/1

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date 8-12-22
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

LEA NAME:	Brownsville	ISA
	10. 0	7 - 1

school NAME: Champion E.S.

'Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

Periodic Surveillance Plan: At least once every six months after the AMP is in effect, periodic surveillance will be conducted in each building that the LEA leases, owns, or otherwise uses as a school building that contains ACBM or is assumed to contain ACBM. At a minimum, surveillance is planned to be conducted during the fall and spring (insert alternate time frames and other details, as needed). Each person performing periodic surveillance must: visually inspect all areas that are identified in the AMP as ACBM or assumed ACBM, record the date of the surveillance, his or her name, and any changes in the condition of the materials, and submit a copy of the record to the DP for inclusion in the AMP.

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
300	HVAC Mastic	throughout	good		W/H
}					

* If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe barrin	1 An Ast	8-12-26

LEA NAME: Brownsville ISA

SCHOOL NAME: Cromack E.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
002	12"X12" RFT Brown w/tansfronks Black Mastic	gym	damaged		N/A
008	12"x12" RFT White W/ Blue Streaks	Rm 304	N/A	Replaced	approx.
300	HUAC mastic- white	through out bailding	good		NA
200	chalk board green w/white board on top	Throughout Classisons	N/A	Replaced with board	N/4
	Chalky board	N/A not found	not		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date Call 7 - 22
Jee Garna	for dis	8-17-76

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
200	Challe bourd	Room 204 - 210	000-		N/A
300	HVAC	Throughout Ballon	5081		N/A
	HUAL mostic great	Macy Som	9002		NA
	Chelk boards green with white boards	Throughout Classicoms	902		W/A
	+ bhele mester	Intellers workers	good		N/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date 5-12-22
-------------------------------	------------------------------------	--------------

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

				s 	
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
300	Chalkboards green	Class forms	Good		NA
301	Stansteel Sull under cookins	Tracker	good	/	NA
302	Maroon Stage	Cafeteria	5009	and the same of th	N/A
303	(Ove base for W Brown maste	Throughoft Classrooms	good		N/A
1/00	HVAC mactic	cafeteria	Good	Market Control of the	N/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date C
Joe Garcia	Mar Phot	8-11-

LEA NAME: Brownsville ISD

SCHOOL NAME: El Jardin ES.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
300	Challkpoord mastic Black	Rm 103 Rm 500	good		NA
301	stain less steel sink under coating	Rm 216 Rm 103 Rm 106	good	4	N/A
302	Stage Curtains	Auditorium	good		NA
303	Cove base- prown w/ Nellow mastic	through out school	damaged principals flo		N/A
400	HUAC MASTIC White	mech, room in office	good		N/A
100	offwhite w/ grey specks	Through out School, office	good		N/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Jue barre	the last	8-16-72

LEANAME: Brownsville FSD school NAME: [] Jardin E.S.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

				,	
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
101	12"X12" RFT grey	200 wing	good	/	N/A
102	12"x17" RFT Malti-color	600 wing hallway main office area	good		N/A
163	12''X 12" RFT Beige	Cafeteria, Kitchen, Office, StorageRoam	9002		N/A
104	12"X12" RFT Beige zgrey	Classrooms Pol-612	9007		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Toe bareren	for 125	8-16-72

LEANAME: Brownsville ISD SCHOOL NAME: Gallegos E.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

			-		
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
102	Carpet mastic	stage	9009		NA
300	Red stage	cafeteria	Sood		NA
301	cove base	Through but building	0009		N/A
1100	HVAC mastic	Hooughout school	4000	- And the second second	NA
ciol	Fire problems fremation	Above & his	9002		N/4

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date 8-16-77
-------------------------------	------------------------------------	--------------

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

			·——	; 	
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
006	white vinyl Floor	Pre 4 to	not NIA	/	N/A
202	Brown Free Broad	303, 301)	good		NA
300	HVAC magic	Throughout	good		NA
	IXI RFT - white w grey streams plack mastre	Rooms 303,3041,	damaged		N/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Gore	he ho	8-16-2

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
200	challe board	BOI COL,	9001		N/c+
300	HVAC machic	Mech Nons	good		NA
	grey light	(lussiooms-606, 604, 605, 404, 301, 103	damagel in 103		N/A
	Wreddich wife	Class, 66, 68,69	good		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name Surveillance Inspector's Signature	8-17-22
---	---------

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
300	Stainless steel	106 106 1100 14, Parent Center	Song		NA
301	Stage curtists	Cefclerer	90.1		NA
302	Dark Brown	Phromphosat Baildry	good		N/4
	Cove have 13ht brown Wyellownestre	2m 311	Significantly damaged	/	NA
	Challeboards green w/ white beards	Throughout classrooms	good		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Doe Garcie	Ju Ma	8-16-22

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
300	Stainless steel	(luscrooms	geod	/	N/a
301	Green Stuse Curtains	Colekria	Good		NA
200	2'x2' & ACT sual hole white	Throughout Ides	9000		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Toe Gunia	Ja Most	8-17-22

LEA NAME: Brownsville ISD SCHOOL NAME: Keller 15.5.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

			1		
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
? 61	Lab Counter tops - black	Science Rooms	N/A not found		NA
202	Stainless Steel Sink under coating	Nurse Teachers lounge	good		NA
203	Mirror	Restrooms in Pre-16, lender, classrooms	G oud		NA
204	Conspose.	Cafeteria, office, lounge, Hallmays, classrooms	9029	- Carlotte	NA
205	cove base-	library	good		NA
301	pipe	Mers	Aumaged In 14VAC mechicoum		N/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date S-17-72
-------------------------------	------------------------------------	--------------

LEA NAME:	Brownsuille	ISP
-----------	-------------	-----

Keller E.S.

(Number of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

Periodic Surveillance Plan: At least once every six months after the AMP is in effect, periodic surveillance will be conducted in each building that the LEA leases, owns, or otherwise uses as a school building that contains ACBM or is assumed to contain ACBM. At a minimum, surveillance is planned to be conducted during the fall and spring (insert alternate time frames and other details, as needed). Each person performing periodic surveillance must: visually inspect all areas that are identified in the AMP as ACBM or assumed ACBM, record the date of the surveillance, his or her name, and any changes in the condition of the materials, and submit a copy of the record to the DP for inclusion in the AMP.

Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
Elhow , Fitting Insulation	Mechanical	9002		N/A
HVAC mastic white	Huff mech-room	good		N/A
	Elhow I Fitting	Elhow I Fitting Mechanical Insulation Rooms	Elhow I Fitting Mechanical good	Elhow I Fitting Mechanical good

* If no change in condition, write N/C

	Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
1).		8-17-72

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
201	Challeboard mastic Blacker Green	Class rooms	gwd	/	N/A
202	Cove base Brown	Throughout	good 1	Damsed Rm 115	N/A
	1x1 RFT - white U/gery streaks Black mastre	22 - 38	Good		N/A
					8

^{*} If no change in condition, write N/C

Jue 6000 / 15-22

LEANAME: Brownsville ISD SCHOOL NAME: Martin E.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
201	Stanless Steel Sink undercoating	Narse, Rus: 31-40, Art, Lounge	good		N/4
707	Stage custains	Cafeteria	good		NA
703	Cove base	Cafeteria, classrooms, gym	good	damaged in Rm 31	NA
2011	mirror mastic	Rms 31-110	good		NA
705	cove base - Grey	office, Aurse, lounge	good	The state of the s	N/A
206	Cove base- green	music /art rooms, Itall ways	Boog		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Soe 6.	1. lux	8-17-72

LEA NAME: Brownsville ISD

SCHOOL NAME:

Martin E.S.

'Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
301	HUAC mastic Grey	HVAC Mechion	9 002		11/4
403	wood wall parel	gyn	good	A Proposition of the same of t	N/A
105	white Aber board Ceiling penel	Rus. 31-33, Shorase	good		NA
	Challe boards - green w/ white hourd on top	Throughout	9005		N/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Toe Gara	A. A.S	8-11-25

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

M Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
Melios.	500 2		N/A

*	If n	o c	hange	in	condition,	write	N/C
---	------	-----	-------	----	------------	-------	-----

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date 8-17-77

LEANAME: Brownsville ISD SCHOOL NAME: Ortiz E.S.

Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

			,		
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
201	Blackshab	Science froms	Not found	*/	NA
202	stainless nk speed sink undercours	Murses tections, Teacher lounge, Library	9002		N/A
203	Stage	cafetena	good		N/A
204	cove base	Throughout building	9002		NA
205	Mirror	Restrooms, 6ym	9000	and the same of th	N/A
206	cove base Blue	Cafetera, Orystorase	good		N/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
The barre	Anks	8-18-27

LEA NAME: Brownsuille ISO school NAME: Ortiz E.S.

'Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

				-	
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
301	Pipe Insulation and white Mastre	Mech Room	good		N/A
302	Elbow fitting Insulation	Mech Room	Good		N/A
303	Pipe Insulation Black foam	Mech Room	Danaged Chilled water pipe		N/A
304	Fire proofing	Jan to Close+	good		N/A
003	(Blue courpet)	office area,	good		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Garra	In his	8-18-22

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
300	Chalk Board	Ru 13-12	Good		N/A
sol	SS SINK Whider roaths	Teachers lowerse	9000		N/4
302	Stage Curtains	Cafebria	Good		N/4
303	Coce buse	thoughout	9000		11/4
400	LAVAC	the charteel Assur	n/H Not present		N/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date 8-18-77
-------------------------------	------------------------------------	--------------

LEANAME: Brownsville ISP

SCHOOL NAME:

Parades E.S.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

			<u>.</u>		
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
105	sheet Flooring w/mastic while u/janfebble	Kitchen	9009		N/A
300	Stainless Steel	Art classroom	9002		N/A
301	Stage Eurhours Blue	cafeteria	good	Changed to blue heg	ing of 203
302	Covebase	Throughout	good		N/A
303	Mastic	Nestrooms	9009		N/A
400	HUAC Black pastre	throughout school	good		N/A

^{*} If no change in condition, write N/C

7 Toe Garra 6.2/25	Surveillance Inspector's Name	Surveillance Inspector's Signature	Date 8-19-27
--------------------	-------------------------------	------------------------------------	--------------

EA NAME:	Brownsville	TSP
----------	-------------	-----

Parades E.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
401	Fire proofing - Black green mastic	top of walls	9000		N/A

*	Ifno	change	in	condition,	write	N/C
	TI IIV	CHAILEC	111	COMMINGING	AATTEC	11/

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Garren	Au A	8-19-22

LEA NAME: Brownsuille ISA

SCHOOL NAME:

Pena E.S.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
006	Carpet mestic Multicolor carpet	Library	not prosent removed		1/2 years
201	Stainless steel Sink undercontis	Nurce Station: Teachers lounge Noons 1193126	900d		N/A
702	Stage	Cafeleria	good		NA
203	Mirror	Restrooms, Nurse Station	3009		NA
204	cove base	Nurse Station	9002		NA
205	Cove base brown	Classrooms in D, E, F, and G area I Gym, Electrical	good		1

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Jec bance	le Sit	8-18-77

LEANAME: Brownsville ISP

SCHOOL NAME:

Pena E.S.

(Number of_, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
766	Cove base	Library	Good		N/A
301	Pipe Insulation TSI	Electrical	07002		N/A
302	Pipe elbow. Ething TSI	Electrical Room	good		NA
303	HVAC mastic white	Room	good		NA
304	unter Heater Insulation	Electrical	good		N/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Garria	Ju 15	8-18-25

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
301	challe Board	eluste cooms	Soul		N/A
302	Stage Curlains	coleter	90.2		NA
3,03	Cove Base	Throughout	9000		NA
N_{o_0}	pipe insulation	succhanical from	5000		NA
	IXIRFT-Tan/ while	Ruoms 105,106 705	good		NA
	1x1 nFT-Red/unite Blue stren145	Cafeleria- encapsalated under new floor	good	/	NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name JGC Garca Surveillance Inspector's Signature	Date 8-18-22
--	--------------

LEA NAME: Brownsuille ISD SCH

SCHOOL NAME: Perez E.S.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

					-
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
	1x1 RFT - white w/ton and green species	posterios 110,	good		NA
	HUAC Duct mastre - Black	Man office area	good	/	N/4

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillange Inspector's Signature	Date
"See Garcia	for this	8-18-72

LEA NAME: Browns ville ISD school NAME: Pullam E.S.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

				-	
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
101	2×2 SACT PINTO E } FISHER	throughout '	good		N/A
201	Lab Countertops Black	Science Rooms	bleson	- Andrewson of the same of the	N/A
202	Stainless steel	Nurse Teachers lourge Noons 601,607; 501-518	good		N/A
263	Stage	cafeteria	good		N/A
7011	couchage	throughout building	9002	Section of the sectio	N/A
705	Mirror	Kestrooms	500 2		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date - 18 - 77
JUX Outil	/fur / w	0 (1

LEANAME: Brownsville ISD

SCHOOL NAME:

Pullan E.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
301	pipe TSI and white master	Mech. and Elec. Room	good	/	N/A
302	FIDOW, FITTING TSI	Mech .	good	and the same of th	N/A
303	HVAC mastic white	Mech. Room	good		N/A
					eré.

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date 8 - 18 - 77	

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
200	18'x 18' ceilirs Tile + mastic	Main office area	9000	/	N/A
100	HUAC mostic	storage closet	9000	/	N/A
	Challeboards- green white broads on top	Throughout classrooms	500 d	/	N/A
	Cementions Parels = Hed Paint	Building K- Rooms 360-303	good		N/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name Surveillance Inspector's Signature	Date 8-27
---	-----------

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
300	chalk booth mastic	Classiforms	ACBM Condition*	Lewoney	N/A
301	Cove base Brown	Through out School	removed for dead so	5	NA
	Cove base	Classions	Sood	newly ned	N/A
	1/1 RFT-tan/white Black mastic	Janiter Supply Room -433	dumaged		NA
	1x1 RPT - white/ grey	Mam Bldg. Office area	good		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillapte Inspector's Signature	Date A
500 Care	he h	1.15,26

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
102	white w/	364 A 14	good	See Land of the Second of the	N/
103	Uxe white Fiberboard Ceiling Panel	Building E	Good		NA
	9" RFT - greg	Classroom I-C	good		N/A
	IXI RFT - grey , brige, while	1Rms 2-4, 3-6	Sord		N/A
	XI RFT-while w/ Brown For Specks	Cafeteria	damaged		NA
	Chellchoarts green	Throughout classrooms (1,162,163,168	Soci		N/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date 10 - 27
Joe Gare	fre less	8-14-2

LEA NAME:	Brownsville	ISD
-----------	-------------	-----

SCHOOL NAME:

Russell E.S

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

Periodic Surveillance Plan: At least once every six months after the AMP is in effect, periodic surveillance will be conducted in each building that the LEA leases, owns, or otherwise uses as a school building that contains ACBM or is assumed to contain ACBM. At a minimum, surveillance is planned to be conducted during the fall and spring (insert alternate time frames and other details, as needed). Each person performing periodic surveillance must: visually inspect all areas that are identified in the AMP as ACBM or assumed ACBM, record the date of the surveillance, his or her name, and any changes in the condition of the materials, and submit a copy of the record to the DP for inclusion in the AMP.

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
	Cemortians plane is	Building Canopy	good		N/H

* If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Jue Carera	1 A	8-10-72

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
667	White W/Binners Stainless Shell Stainless Shell Sure undercokes	Prete & 1st they	good		N/A
200		PROK & let	900		N/A
300	the we marke	Puz Chorese	good		N/A
	IXI RFT-tow/ Room	Mam Bldg, Rms- 3,10,11,70,32 35,79,76	good		N/4
		,			

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date C 15
DOC GOOD	life dus	8-11-8

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
100	property white	Calculation	9000		N/A
103	11xp carling	Building	5000		N/A
200	HUAC mastre white	Throughout	Sund		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
JEE GERIA	1/2 1.5	0-19-72

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
200	Challeboure	No foresent	10 tresent		MA
701		çası	Cood		N/A
202	Cove case	Throughout school	Opog		N/A
300	Clu	michanical tousand from in Almin Bids	and the second s		N/A
	Pipe TSI	Custodown Rm Of Admin blog	Significantly dans sed		N/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name Surveillance Inspector's Signature Surveillance Inspector's Signature 8-5-23	<i>?</i>
---	----------

LEA NAME: Brownsuille ISD SCHOOL NAME: Vermillion E.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
200	Acoustical Panels	throughout classrooms, cateteria, hounge	9002		NA
300	chalk board mastic	classrooms	Sord	Jana Barrella Barrell	N/A
301	tups - black	Not Round	N/A		NA
307	Stage Curtains	Cafeteria	5002	and the same of th	NA
303	Cove base -	throughout	good		NA
400	HVAC mestic- white	Classrooms	good		N/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Jue Gareta	Je ho	8-18-12

Brownswille ISD LEA NAME:

SCHOOL NAME:

Vermillion E.S.

'Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
500	Sheet rock and	100 A &B	good		N/A
104	12"X12" RFT Beige	Classrooms 600, 700, 100, 300, 100, 500 wings	good		N/A
			*		

k	Ifno	change	in	condition.	write	NI/C	_
	II no	cnange	m	condition.	write	IN/V	_

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Tol barein	10 15	8-18-22

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
101	12"×12" RET W/ mashic		9009		N/A
500	2'X4' SACT in white w/pinholes ?	Throughout	Sood		NA
301	Challboard Mastic Blacker Green		Doug		NA
302	Care base Brown	Throughout	good		N/A
100	Sheet Rock and Shirt compand	Throughout school	2 org		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe barria	1/2 15	9-15-72

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
201	SS Sink under coaltrs	purce Transformer)	good		N/A
202	Stage current	Catelena	n opresent		NA
203	Cove pere	gyng Murse, supply 100m	9000		NA
205	Cove base	Pie 12 lenders Std - 5th 1 Library	Good	and the same of th	N
206	merror marke	Rections	5002		NA
301	white mastice	you have close of	good		1/1

^{*} If no change in condition, write N/C

Surveillance Inspector's Name Su Surveillance Inspector's Name	rveillance Inspector's Signature	Date 8-23-7-2
--	----------------------------------	---------------

SCHOOL NAME:

Villa Nueva E.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

			i-	:	
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
	Comentions Panels	Classrooms - 1,2,38	9000		N/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Garra	Letis	8-73-22

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

			-		
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM, Removed
201	Lab counter tops Black	Science Rms	present		NA
702	Stainless Steel Sink under outling	Nurse Station, teachers lourge, Rms 100,103,105-107	9009		N/4
203	Stainless Steel Slink Undercoating	Library, Rns. 201-703 205-200	good		N/A
2011	Stage Curtains	Cafeteria	good		N/A
205	Cove base	Throughout	good		N/A
301	HUAC Mastic- white	Electrical Room	notfound		N/4

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Jue baria	h h	8-14-55

LEANAME: Brownsville ISA

SCHOOL NAME:

Yturria E.S.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

			2		
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
302	Fire proofing Yellow foam	Line Room	good		N/A
	Challeboards Brown wowith tops	Throughout Classrooms	good		N/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	B-19-22

LEANAME: Brownsuille ISD SCHOOL NAME: Besteiro M.S.

(Number of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

			-		
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
300	chalk Board mastre Black	Classioons	Good		NA
301	Lab Counter TOPS - Black	Science Rooms	good		N/A
302	Stage Curtains Blue	Cafetesia	Damaged		N/A
303	Cove base	Throughout	Good		N/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name Surveillance Inspector's Signature Date	
The Garner In the 8-1	9-27

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

-					
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
302	Chalkboard Mastic Black	Throughout Classrooms	good		NA
303	Lab Blade	Science Rooms	9000		NA
3011	Stage Cartains	Cafeteria	good		NA
305	Marcon	Throughout School	good		N/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Garria	A hus	8-19-22

LEANAME: Brownsuille ISD

school NAME: Garcia M.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

				-	
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
201	Cove base Brown	Throughout	good	damaged in Rm 105	N/A

F.	lf n	o c	hange	ın	conc	11	tion,	writ	e	N,	C)
----	------	-----	-------	----	------	----	-------	------	---	----	----

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date 8-19-22
-------------------------------	------------------------------------	--------------

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

				-	
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
300	chall choosed mastic	Band hall	not	/	N/A
701	Stainless Steel Cinil underconting	floor work rooms	god	/	N/A
302	Cove base Grey	Throughout	good		N/A
400	pipe insulation	Mechanical	9000		N/A
10/	Elhow, Fitting insulation	Mechanical	9000		N/A
462	HVAC master arey	Mechanical	found		MA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
The Garcia	her has	8-19-22

LEA NAME: Browns ville ISD

school NAME: Manzano M1.S.

'Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

				·	
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
201	Lab counter tops Black	Science Labs	good		N/A
202	Stainless steel Sink Undercoating	office area, Nuese, Library,	good		NA
203	Stage	Cafeteria	good		NA
204	Cove base black	throughout building	good		N/A
205	MINTOR	Gym, Restrooms	Good		NA
301	Pipe Insulation	Mech. Room	good		N/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Tue Gara	he his	8-23-22

LEANAME: Browns ville ISD

SCHOOL NAME: Manzano M.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
302	Elbow, Fitting insulation	Moch. Room	good		N/A
303	HVAC mastic white	Throughout Building	good		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
of the Course	1. leve	8-53-55

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

			s	<u></u> ,	
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
	Beige w/gray :	Wings 1001200, 300	5007		N/A
	Unknownmastic				
	Beiga w/ 5 2 ? White species will know to	Cafeteria	not present replaced with simul		N/A
	y 22 cc 6, 40 +		with simul	ated ing	

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Garain	1 h	8-73-72

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

				S	
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
260	Chalk board Mastic	Mondroson Commy	good	/	N/A
300	Homesone	Through out	good		N/A

*	Ifno	ahanga	in	condition.	meito.	NIC
-8-	II no	cnange	ın	condition.	write	IN/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date 8-23-22
Joc barei	// Kins	0 7-62

SCHOOL NAME:

Stell M.S.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

			-		
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
201	Lab counter tops - black	Science	9002		NA
702	Stainless steel Grall under couting	Murse, Lounge, Rms 13-241, 31-33, 57,54, 60-63	Sood		N/A
703	Stage Curtains	Cafeterin	good		NA
204	Core base -	office, 12ms 1-38,51-65	good		NA
205	Mirror mastic-	Restrooms	good		N/A
206	Cove base-	Cafetoria, gynn, Rms 39-50	good		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date 8-73-72
-------------------------------	------------------------------------	--------------

LEANAME: Brownsuille ISD

school NAME: Stell Middle School

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
207	Cope base Grey	Nurse	good		N/A
208	Cove base green	Rms 5101-5113 5202-5208	good		NA
301	pipeinsulation	Mechanical Am, Sanitors closet	damaged in Mech Rm		NA
	Challe boards green-w-white of top	Classrooms 19,76, 27,51,57	9009		N/A
	1'x1' Floor tile goog + white	througant office LmsB1-65, 23-30 Italinays	9002		n/A
	Cementious panels exterior	Rms 51-65, 30-50	good		N/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Garcia	for the	8-15-16

LEANAME: Brownsville ISD

SCHOOL NAME: Still man M.S.

'Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
701	Lab counter tops Black	Science Rooms	9002		N/A
702	Stainless Steel sink underroating	Rms E128, F101-F113 Gym, Room B411	good		N/A
263	Stase Curtains	Cafeteria	5002		NA
204	Cove bese	classrooms, work room	5 002		N/V
205	Covebase	Band Heill Gym, Library, Cofetera	9602		NA
206	Mirror	Dance Roan	good		N/A

^{*} If no change in condition, write N/C

	Surveillance Inspector's Name	Sur	veillance Inspector's Signature	Date S-77	
7	Jue barrier	_/	per inst	0,3,4	

LEA NAME:

Brownsuille ISD

SCHOOL NAME:

Stillman M.S.

'Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

			s 		
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
207	window chaufk white	building	good	/	N/A
301	Pipe insulation,	pipe chase	2005		NA
302	Elhow Filling ingulation	Pipe chase Room	9002		NA
303	HVAC master	Throughout buildings	5002		NA
,					

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date 8-73-72
Joe barrier	/pr Mis	

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

				7 <u></u>	
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
201	Stage Circles	Co feberia	good	/	NA
202	Brown w/	Through	Significantly duringed in carelesia	/	NA
	Chalk boards -	(bas - 101,102,106, 205,204, 203, 769,300,301,306	good		N/A
	UNIRPT- Whise W/Beiga Specks	Portables - 46	900d		N/s4
	Chalkboard -	Room III	good		N/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date 73-22
) be barefu	Had Mik	3

Cercer and Technical Education

LEA NAME: Brown

Brownsville ISO

SCHOOL NAME:

CTE - 1905 E. 6+65+.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

			14		
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
	multi-color	unit F-CUI, CUZ, CU3	good		NA
	RFT I'XI' beige w-ton Gress, yellow and black mastic	school floors of Cul and cuz	good	and the same of th	N/A
	Proum and black Streaks, yellow, bische streaks, yellow, bische	C V Z	good		N/A
	RFT (x) white U/Blue + Prox stronks Vellow/Black mastic	select floore of CU3	good		N/A
	Corante Hle- growt w/ residual lokele maste	Regions pf Cul, cuz, cuz	good		NA
	Ceramic Hile - mortar v/residual black mastre	Restrooms of CUI, LUZ, EV3	good		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Genn	for the	11-15-72

SCHOOL NAME:

CTE

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

				,	
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
	HUAC Duct mustic - Black	Unit F-CUZ,	good	1	N/A
į.	HUAC Duct meete - white	unit G- CULI	good	/	NA
	Sink master White	Unit G - CU4	good		NA
	HVAC Duct mastic - white	unitG-CUS	9002		N/A
	RFT - Beige IXI Brown grey streams yellow mache over layere IXI while with gellowing	Unit G - Room#1	good		MA
	PFT- IXI Yellow with white streaks Yellow mastic	Unit 6 - Office#1	good	/	N/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Garria	he have	11-15-72

LEA NAME: Browns ville ISD

SCHOOL NAME:

CTE

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

			-		
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
	Chalk board Green	CUI, CU3	good		NA
).					

k	Ifno	change	in	condition,	write	N/C
_	11 110	CHange	111	Condition,	WHILE	TALC

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Garica	And the second	11-15-22

LEANAME: Brownsville ISD SCHOOL NAME: Brownsville Learning Academy

'Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
	1'x1' Floor tile- off white	Throughout classrooms, stages offices, library	good		N/A
Е	Cementrous Panels - light gray	Classicoms -	good		NH
	Plaster - white	Therior walls of classrooms 31,32,37	good		N/A
	ander IXI Floor tile	throughout classooms skye, offices, Albrary	good	· ·	N/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Gereia	Marks	11-15-22

LEANAME: Brownsville ISD

school NAME: Browns ville Early College H.S.

'Number of , make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
200	challe boord maste	Throughout	9009		N/A
300	Pipe insulation	throughout	9002		NA

	TC	1		1975	24 - NT/CS
T	IT no	cnange	ın	condition.	write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
7 The Garcia	The Ge	8-211-55

LEANAME: Brownsville FSA

SCHOOL NAME: Ki

Rivera H.S.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
300	Chall board mastic Black	Classions	good		MA
301	Las counter tops Black	Science	good		N/A
302	Stage	Theatre	good		NA
303	Cove base Black	Throughout school	good		N/A
4100	Pipe Insulation	Mach. 100ms	good		NA
4101	Flhow, Fitting insulation	mech-rooms	good		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe bace	160 Par	8-74-22

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
301	challe Board musti	Classions	good		N/A
302	Lab Complet 18 3 lock	Science	Tables damag	ed	N/A
303	Stage Customics	And hour	Good		N/A
304	Cove Base Black	Thought	good	A Property of the State of the	N/A
400	Piec J. Sintular	mechanical Room	Good		N/A
401	Fit sunter	mechanical Room	ojard		N/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date 8-74-72

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
201	Challeboard mestr	Levoset	Removed		Remarch 2021
202	Cove base	Throwshood	9		NA
300	Pipe Insulation	Michenical	9000		N/A
	Linoleum sheet flooring under 1/x1' RFT - mistre color unknown	Prut stop	9000		N/A
	Linoleum stret floorms under 1×1' RFT	Main Bldg Hallways classrooms	good		N/A
	1/x1' RFT-white w/Light Blue, Red, yellow	classrooms -18, 102, 103, 105, 106, 108, 109	good		N/H

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date 8-74-72
	1 fte	0

LEA NAME: Browns ville FSP

SCHOOL NAME:

Pace H.S.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
201	Chalk board mustic - green	Hall B-H	good		N/A
702	Stainless Steel Sinic Lindercoating	Touchers lounge, Murse, Halls C, 6, H	good		N/A
703	Stage	Auditorium	good		N/A
704 205	Cove base- Green	throughout School	good		NA
706	Cove buse =	13-1411, C-hall	9000	per from the second sec	W/A
207	Cove bese- black	gym, D-Hall, F, H, K halls	good	and the second	N/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date C 2// 3
Toe Garage	Jo hu	8-24-12

SCHOOL NAME:

Pace

4.5.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
301	Pipe Insukution	Meih. Rms, gym	good		NA
302	Black four	Mechanis, gym	9009		N/a
303	Elbow, Fitting	Mech Emis, gym	Damaged in mech. Rn A133	and the same of th	NA
3011	HUAC mastic	Mech Ron's, gym	good	The state of the s	NA
305	Gray	Flectrical Room	9006	A Property of the State of the	NA
	Comentions panels grey/while	Foyer to Court jard Boys/girls restroom	good		N/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
JOE GARK	the Par	8-74-72

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

				2	
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
300	Challe Board	C 644 300 mg	good		N/A
301	tops Black	Gelevie	doop		N/A
307	Stage Cartains	And borlum	9002	per la company de la company d	MA
303	Core Base	Through cent	Grad	1	NA
400	Pipe Insulation	Mechanical Ylopins	9000		N/A
1/01	Pipe Elbow Catting and I Kulation	fuc has cal	9000		N/A

^{*} If no change in condition, write N/C

_	ce Inspector's Signature	Date
Joe Garria	he has	8-24-22

LEANAME: Brownsville ISD

SCHOOL NAME:

Porter H.S

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

Periodic Surveillance Plan: At least once every six months after the AMP is in effect, periodic surveillance will be conducted in each building that the LEA leases, owns, or otherwise uses as a school building that contains ACBM or is assumed to contain ACBM. At a minimum, surveillance is planned to be conducted during the fall and spring (insert alternate time frames and other details, as needed). Each person performing periodic surveillance must: visually inspect all areas that are identified in the AMP as ACBM or assumed ACBM, record the date of the surveillance, his or her name, and any changes in the condition of the materials, and submit a copy of the record to the DP for inclusion in the AMP.

			-		
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
	Fume hood grey	Room I 102 and I 104	good		N/A

* If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Just Garria	Amort	8-741-72

LEANAME: Brownsville ISD

school NAME: Veterans H.S.

'Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
201	Labrountertops Black	Science Labs	good		NA
762	Stainless Steel Sink undercoating	Nurse, Library, CATE Building, Cafeteda, B-Itall, C-Itall, Workroom	Good		NA
203	Stage Curtains	Auditorium	good		NA
204	Cove base	Throughout	good		N/A
205	Mirror Mastic	Choir hall, Nanceroom Nurse, Restrooms, cafeteria, CATE Blog.	good	A Proposition of the State of t	MA
706	Com base Blue	Gym	good		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date 8-24-72
Je ban a	1 fee 100	

LEANAME: Browns wilk ISD

school NAME: Veterans H. S

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
207	Cove base Brown	Bandhall	good		N/A
301	Pipe Insulation	Mech. Room, Boiler room, Theatre	good	A CONTRACTOR OF THE PARTY OF TH	N/A
302	Elbow, Fitting Insulation	Mech. Room, Boiler Room	good		NA
303	HVAC mastic white	Throughout Building	good		V/A
304	Fireproducy	Mechanical room, Boiler room, Lecture hall	good		N/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date	8-711-72
JOR GAIRLA	The same		

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
201	Sh Cinth way	T-20015-1001 5-2001 Might pods	Sood		N/A
202, 203,	Grown	Throughout	9000		N/A
206	The pass	T-10", T-200	Sond		N/A
300	Ope Toculation chilling	Flection four	Sood	A Property of the State of the	N/A
301	HVAC mastic	Gym, M-Pod,	9000		N/A
	challe brands - green / white on top	Through - ut classrooms of pods A,B,C,D	good		N/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Jue board	he tos	8-14-12

LEA NAME:	Brownsville FSD
-----------	-----------------

SCHOOL NAME:

Hanna H.S.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

			: 		
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
	14VITC duct mastre - Black	Pod K	good		N/A
J	Spray on realing texture while	Eastand west hall Dome area	good		N/A

*	If no	change	in	condition,	write	N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Garren	fu his	8-24-72

LEA NAME: Brownsville ISD

SCHOOL NAME: BISD Administration Bldg.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
300	Stainless Steel Sink undercoating	Restrooms, Kitchen	not Counce porcelin sinks in Restrooms		N/A
301	Cove Base Brown	Throughout Building	9002		N/A
4/00	Pipe Insulation	Mechanical	9002		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date 9-15-22
-------------------------------	------------------------------------	--------------

LEA NAME:	Brownsville ISP
-----------	-----------------

SCHOOL NAME: BISD Academic Center

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
301	Cove Bage Maroon	Throughout Building	good		N/A
	,				

	ķ	If no	change	in	condition,	write	N/C
--	---	-------	--------	----	------------	-------	-----

-

LEA NAME: Brownsville ISP

SCHOOL NAME: Central Admin. Bldg.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
300	Cove base Brown	Throughout	good		N/A
401	Pipe Insulation	Mechanical Room	good		N/A

Surveillance Inspector's Name Tec Gartia	Surveillance Inspector's Signature	Date 9-15-22
---	------------------------------------	--------------

LEANAME: Brownsville ISA

SCHOOL NAME: M.M. Clark Agnatic Center

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
300	Cove Base grey	Offices 3 Classioons	good	/	N/A
1101	Pipe Insulation	Boiler Room	danaged pipe insulation east unit are		NA
1/02	Elbow, Fitting Insulation	BoilerRoom	damaged Elbow Insulation Insulation		N/A

*	Ifno	change	in	condition.	write	N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
The Grain	1/2 hur	9-15-22

LEANAME: Brownsuille ISA

school NAME: Special Services

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

			=======================================		
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
300	stainless steel sink undercoating	Break room	damaged	Friable	N/A
301	Cove base	Offices and Cubical area	Bood		N/W

k	Ifno	change	in	condition.	write	N/C
٠.	II no	cnange	111	condition.	write	IN/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date 9-15-22
-------------------------------	------------------------------------	--------------

LEANAME: Brownsville ISD

school NAME: Food Services Bldg.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
301	Pipe Insulation	Mechanical Room	good		N/A
302	Elbow, Fitting Insulation	Me chanical Room	good		NA

*	Ifno	change	in	condition,	write	N/C
•	11 110	Change	111	Condition,	WITTE	INC

Surveillance Inspector's Name Surveillance Inspector's Signature	Date 7-15-22
---	--------------

LEA	NAME:	J

RISD

SCHOOL NAME:

Aiken E.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
	Stage Curtains	Cafeteria	9000		1/4
	TSI pipe inculation	Above Ceiling throughout school	Good		1/
	HVAC Duct mastic grey	Through out school	6000		146
	Mastic-white	Chiller room	02000		WA
	Sink wher coating	April and Ind	Good		N A
	Park base brown	Throughout School	Good		N/4

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Tre Garge	hat	1-30-23

		1
LEA	NAME:	

BISD

SCHOOL NAME:

Aiken E.S.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
	Black foam Pipe Insulation	chiller com	Boog		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Garia	1.	1-70-73

	0	18
LEA NAME:	15	(SV)

SCHOOL NAME: Benavides E.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
302	Fire proofing pink foom insulation	Electrical Room	hot Courd		8/
202	Stainless Steel since undercoefing	Rus 100-171	good		N/A
703	Cove base	Library, HUBROOM, OFFICE, Cafeteria	Good	dancise attent	N/A
701	Micror mastic	Restrooms,	doog		N/A
705	rac base blade	classcooms,	good		N/A
301	w/white mastic	Jan er close	hot come		13/1

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date 23
Jue Gara	1/4	1-70-11

	(2)	00	1
LEA NAME:	121	1	1

SCHOOL NAME: Breeden E.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
300	Sink		good		NA
301	Mirror	Rectrooms in Received Awing During	9000		N/A
400	HUAC	mechanical ams. in F, A, D vings	9002		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Garcia	An Mit	1-31-23

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
101	12x12 RFT while w/specks	Class rooms		2009	4/4
102	12 x12 RFT	Casettia,		0009	NA
302	Blue base by book with	Throughout	Oneca 11	Carter a	1º/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Garcia	An As	1-36-73

SCHOOL NAME:

BUTUS E.S.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
103	12x 12 RFT white w/brown specks	Rm 805 Rm. 605	300 7		NA
300	sink under atting	Classooms	good		NA
301	Stage curtains	Cafeteria	2009		N/A
302	Cove base	Throughout school	good		NA
	IX/ RFT w/ pluc specks	Rm 60 B	danaged		N/A
	Chall boards. Green w/white boards on top	Through out	good		N/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Garcia	Au This	1-30-73

NAME:
INAINE.

BISD

school NAME: Castaneda E.S.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

Periodic Surveillance Plan: At least once every six months after the AMP is in effect, periodic surveillance will be conducted in each building that the LEA leases, owns, or otherwise uses as a school building that contains ACBM or is assumed to contain ACBM. At a minimum, surveillance is planned to be conducted during the fall and spring (insert alternate time frames and other details, as needed). Each person performing periodic surveillance must: visually inspect all areas that are identified in the AMP as ACBM or assumed ACBM, record the date of the surveillance, his or her name, and any changes in the condition of the materials, and submit a copy of the record to the DP for inclusion in the AMP.

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
200	HVAC mastic	Throughout building	good		N/A

* If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Garcia	he the	1-76-23

LEA NAME:	B	ISD
LEA NAME.	12	101

SCHOOL NAME: Canales E.S.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
	Covebase	Through and School	Significantly demaged in gym	Constation War	NA
	Challe boards w/white boards on top	Throughout	Good		NA
-31					
¥					

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Garcia	for This	1-26-73

LEA NAME:	R	150
P		Cappe

SCHOOL NAME: Champion E.S.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
300	HUAC mastic grey	Through out School	good		MA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Garcia	for Pas	1-31-23

	ĒΑ	NIA	R/A	⊏.
_	$-\sim$		ш	ь.

BISA

SCHOOL NAME:

Cromack ES.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
002	12X12 RFT- Brown W/far streaks Black mustic	gym	dinaged		N/A
300	HVAC Mastic	Throughout Building	Sol		N/p
200	green white board on top	Throughout	good		NA
	challey book	not sound	NA		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date 73
Joe Garrie	for In	1-76-75

SCHOOL NAME: Del Castillo E.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
200	Challe board Black mostic	Rooms 204-210	Good		N/2
300	HVAC macic	Throughout	Good		NA
	HVAC mache	Mech. Room	good		N/A
	Steen white Boards ontop	throughout	900d		N/A
	1x1 RFT beige W/black mastic	in teachers in teachers was a room	4005		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Geria	hu /les	1-27-73

LEA NAME: 315D

SCHOOL NAME:

Egly E.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

			-		
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
300	Chalkboards Green	Classrooms throughout building	0007		N/A
301	Cinic	Teacher Work room	good		NA
302	Stage curtains marron	Cafeteria	good		NA
303	Cave base Tan W/ brown maetic	Throughout Classrooms	0009		N/A
400	HUAC nestic	Cafeteria	good		N/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Jue Gara	Am Ass	1-27-23

BISID

SCHOOL NAME:

El Jardin E.S.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
300	Challe board mostre Black	Rm 103 Rm 500	Doug		N/A
701	Stale undercoating.	Rm 216 103	0,000		1/2
302	Stage Custains	Anditorium	gord		N/A
303	Couc base brown w/	throughout School	damaged in principals		14/A
1/00	HUAC mastic	Mich room	9000		٢/4
100	12x12 RFT offul the wol	Through ont Coloo	9002		1/1

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Jee Garin	he fact	1-31-23

SCHOOL NAME:

El Jardin E.S.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

Periodic Surveillance Plan: At least once every six months after the AMP is in effect, periodic surveillance will be conducted in each building that the LEA leases, owns, or otherwise uses as a school building that contains ACBM or is assumed to contain ACBM. At a minimum, surveillance is planned to be conducted during the fall and spring (insert alternate time frames and other details, as needed). Each person performing periodic surveillance must: visually inspect all areas that are identified in the AMP as ACBM or assumed ACBM, record the date of the surveillance, his or her name, and any changes in the condition of the materials, and submit a copy of the record to the DP for inclusion in the AMP.

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
101	12 X12 RET	200 4175	daraged Nr 208		NA
102	12x12 RFT wolfi-color	main office	good		NA
103	12x12 RFT Beige	Office, stoage	5000		1/4
104	12x17 RFT Beige & grey	Classians 601-612	Good		MA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Soe Gareta	1.15	1-31-73

183-228) Jun Barraentos

SCHOOL NAME: Gallegos E.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

			-		
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
102	Carpet	Stage	G007		N/A
300	Stage curtains	Cafeteria	9002		NA
301	Cove base Mastic	Throughout	good		N/A
400	HVAC mastic	Throughout	good		NA
101	spray on inculation grey	Above suspended	dosq		N/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Garia	Je ho	1-30-23

SCHOOL NAME: Garden Park E.S.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
006	white viny floor w/mastic	Prek - Istgrade ilus	not food		
202	1'x6' white 3	Rus 303, 30-1,	good		
300	1-1 VAC Mastic white	Throughart school	good		
	1x RFT - white works to shall mastic	12mg 303,304,	5009		

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
JOE GARK	A. Mas	1-20-23

SCHOOL NAME:

Sarza E.S.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
200	challe board waste	Rms 1/04/105,	Good		NA
300	HVAC Mactic	Mech. Rin	2009		NA
	IXI RFT-	Rms. 606, 604, 205, 4104, 301,	good		V/A
	IXI RFT-beige	ens. 58,66, 68,69	9000		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Soc barra	1/4 /5	1-27-23

LEA NAME:

BISD

SCHOOL NAME: Gonzalez E.S.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

			-		
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
300	Stale	106,108,110 (14 Parentember	good		NA
301	Stage Curtains	Cafeteria	good		NA
302	Cove base Dark Blown	Throughout school	good		11/
	Care base	Ru 311	Summard humaged		NA
	Chalkboords grow White	Throughout élassions	Soci		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Garia	har from	1-31-73

Hudson E.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

			-	<u> </u>	
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
300	Simil	loo wing classrooms	2009		10/4
301	Stage Cortains green	Cafetera	good		NA
700	ZXZ SACT Holos sum white	Throughout	good		N/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Garcia	An las	1-30-23

BISD

SCHOOL NAME:

Keller E.S.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
202	Sink underconting	Nurse Teachers Lounge	0,662		N/A
203	Mirror Mostic	Pre 16 - Kinder Classion M Cestions	9000		NA
204	Cove base	Cafeteria, office, lourge, Hallways, Clossicons	good		N/A
705	Cove base	libiary	0009		N/A
301	Pipe	Mech.	9009		MA
302	Elow fittis	Mach.	0,000		N/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
The Garela	1/4/5	1-18-23

BISD

SCHOOL NAME:

Keller ES.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

Periodic Surveillance Plan: At least once every six months after the AMP is in effect, periodic surveillance will be conducted in each building that the LEA leases, owns, or otherwise uses as a school building that contains ACBM or is assumed to contain ACBM. At a minimum, surveillance is planned to be conducted during the fall and spring (insert alternate time frames and other details, as needed). Each person performing periodic surveillance must: visually inspect all areas that are identified in the AMP as ACBM or assumed ACBM, record the date of the surveillance, his or her name, and any changes in the condition of the materials, and submit a copy of the record to the DP for inclusion in the AMP.

				-	
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
303	HUAC mostic	Macy Boom	9002		NA

* If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date	
Joe Garas	1/00 / 1/25	1-18-23	

LEA NAME:

BISD

SCHOOL NAME: Longoria E.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
201	Chalk boord mostic Black or green	classrooms	Good		NA
702	Couchase	Throughout	damaged	1 m 15	NA
	IXI RFT- white W/grey stacoling Black mastic	Clussrooms 32-38	good		N/4

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe bareic	In ho	1-75-23

SCHOOL NAME: Martin E.S.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

			-	-	
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
201	Sinle	Nurse, Rus 31-10 Artim, Longe	good		V/1
202	Stage Curtains	Cafeteria	good		NA
203	Cove base	Cafeteria, classioonis, Cym	Good		NA
704	Mirror	Rms 31-110	0009		N/4
705	rove hase	lounge	700g		NA
206	Cove Dase	music/artims,	good	/	N/4

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Garcia	h his	1-201-42

Martin E.S

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

				12. 12. 12. 12. 12. 12. 12.	
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
301	HVAC mustic	HUHE Mech.	Road		NA
403	wood wall	gym	good		N/A
105	while Giber board ceiling panel	ems 31-33 storage	good		NA
	chalk boords green w/white board on top	storage Throughout classioons	200g		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Toe Garier	Mu K	1-24-23

LEA NAME:	RI	sn
	. / 1	

Morningside ES.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

			-		
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
300	HVAC Mastic White	Mech. Room	good		NA
	*				

*	Ifno	change	in	condition.	write	N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
The barre	for lever	1-23=23

Ortiz E.S.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
202	Sink undercoating	nurse , lourge,	doog		NA
703	Stage curtains	Cafeteria	Good		N
204	Couc base Brown	Throughout	0009		N/4
705	Mirror	Restrooms, gyny Cafeteria	0,009		VA
806	Cove base	afetera, dry storage	0,000		NA
301	Pipe	Mich Koom	doog		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Gorcia	Jul 1	1-18-73

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

				===	
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
302	Elbow fitting insulation	Mech Rosen	Goog		NA
303	Pipe inculation black foom	Mech Room	900)		NA
304	Fire proofing Dink foam	Janiter closet	good		N/A
003	Carpet mastic	office and stose area	Good		N/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Garria	he for	1-18-23

		- 1	<	ĺ
LEA	NAME:	- (COC

Palm Grove E.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

				-	
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
300	Challeboard mastic	Rm B-12	Go.g		MA
301	Sink underconting BIE & Wile	Tecchers lounge, Nm B-17	good		P/4
302	Stoge Curtains	Cafe tena	Posg		MA
303	Cove base	Throughout School	good		N/A
1100	HVAC mostic	Mech. Rosm	9007		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Gara	he last	1-30-23

BISD

SCHOOL NAME:

Paredes E.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

			-	-	
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
105	Sheet flooring W/mastix while w/tan Reboc	Kitchen	good		YA
300	Sin K underconting	Front classrooms	good		N/A
301	Stage Curtains Blue	Cafeteria	good		NA
302	Cove base	Throughout	good		N/A
303	mirror wastic	Restroums	0009		NA
400	HVAC Duct Mustic Black	Throughout	9009		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Jac Garela	he ko	1-31-23

BISD

SCHOOL NAME:

Paredes E.S.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

Periodic Surveillance Plan: At least once every six months after the AMP is in effect, periodic surveillance will be conducted in each building that the LEA leases, owns, or otherwise uses as a school building that contains ACBM or is assumed to contain ACBM. At a minimum, surveillance is planned to be conducted during the fall and spring (insert alternate time frames and other details, as needed). Each person performing periodic surveillance must: visually inspect all areas that are identified in the AMP as ACBM or assumed ACBM, record the date of the surveillance, his or her name, and any changes in the condition of the materials, and submit a copy of the record to the DP for inclusion in the AMP.

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
401	black green mastic	Above ceiling top of walls	good		N/A

* If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Jue Garria	An Mus	1-31-23

Pena E.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

				====	
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
201	Sink undercoating	Nurse station) Trachers lounge, Rms. 19 } 126	9001		r/A
202	Stage	Cafeteria	9000		NA
203	Mirror	Restrooms, Nurse Station	9009		N/A
204	Cove base	NurseStation	9002		NA
205	Cove base	Classions in P, E, F, G wings gym, electrical	9002	/	NA
206	Cove base	Library	good		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Garcia	for her	1-30-23

Pena E.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
301	Pipe Insulation	Flectrical	9002		NA
302	fire about	Fleetrical	good		NA
303	HVAC master white	Electrical room	good		NA
304	insulation	Electrical room	good		N/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date - 30 - 7 5
Joe Garre	get his	



Perez E.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

			-	-	
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
301	Challe board	Classrooms	9002		MA
307	Stage	Cafeteria	good		1/4
303	Cour base	Throughout School	good		N/A
400	Pipe insulation	mechanical	9000		N/A
	XI RFT - Tan/ white	Runs. 105, 106,	9002		NA
	White W/ blue	Cafeteria - ancapsulated under new floor	good		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date 27-73
Joe Garia	loe 125	1-21-65

Perez E.S.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
	IXI RFT white W/tan 2 green Specks HVAC Duct Mactic - black	portables 110,	9007		NA
	HVAC Duct mastic - black	main office	9000		N/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Enspector's Signature	Date
Joe Garcia	11/20	1-27-23

LEA	A IA	MAC.	
LEA	NA	IVI ⊏.	

B150

SCHOOL NAME:

Pullam E.S.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
161	2x2' SACT Pinholes & Fissures	Throughout	9002		N/A
202	Stainless steel Stalk under cooting	Nurse, Louige, Rms, 601,602, 501-518	Good		11/4
203	Stage Curtains	Cafeteria	good		WA
254	Cove bose	Throughout	good		N
205	mirror mastic	Throughout building	apar		NA
301	Pipe TSI } white mestic	Mech. Room Electric Room	9002		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
JOR GARIA	A. M.	1-18-23

	12 1	-
LEA NAME:	15	15

Pullan E.S.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

Periodic Surveillance Plan: At least once every six months after the AMP is in effect, periodic surveillance will be conducted in each building that the LEA leases, owns, or otherwise uses as a school building that contains ACBM or is assumed to contain ACBM. At a minimum, surveillance is planned to be conducted during the fall and spring (insert alternate time frames and other details, as needed). Each person performing periodic surveillance must: visually inspect all areas that are identified in the AMP as ACBM or assumed ACBM, record the date of the surveillance, his or her name, and any changes in the condition of the materials, and submit a copy of the record to the DP for inclusion in the AMP.

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
302	Elbow Fitting	Mech Room	300d		NA
303	HVAC moistic	Mech. Room	good		MA

* If no change in condition, write N/C

Surveillance Inspector's Name	Survejllance Inspector's Signature	Date
Soe Gareia	we /s	1-18-23

1	FΛ	NAME:	
_	ᆫᄉ	INCHIE.	

BISD

SCHOOL NAME:

Putegnat E.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

					2
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
100	18"x18" ceiling	Main office acrea	0005		NA
400	HVAC Mastic	Storage closet	Rog		NA
	Chall boards- green w/wlite braiss on of	Throughout classicoms	Voog		NA
	Cementions panels whitepoint	Building K- Rms 300-303	goal		MA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Genia	he US	-75-23

LEA NAME:	-	2
-----------	---	---

3150

SCHOOL NAME: Kesaca E.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
301	cove base Brown	Throughout School	Cerroca		
	cove base	classiooms	Good		NA
	1X1 RFT-TON/ white Bleeck moster	Room 433	Cemoxe		
	1X1 RFT-white/ SICY	main Bldg.	16 mo as		

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Jie Garin	for his	1-25-73

BISD

SCHOOL NAME:

Russell E.S.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
102	2X11 SACT white w/ pytholes FISSURES	Buildings B, C, E, F, G, and 100der	Good		N/A
163	11x6 white Fiber bookse	Building E	good		v/4
	9" RFT-grey	classroom 1-C	good		N/A
	1x) RFT-grey, beige, white	Rmc 2-6, 3-6	9602		NA
	W/ brown ton Specks	Cafeteria	Good		NA
	thalk boords green	Throughout classrooms	good		N/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Garcie	14 (5	1-711-13

LEA NA	ME.	K	C
FFY NV	VIL.	U	0

Russell E.S.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
	Cementous parels	Building Coursey	3009		NA
					-

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Garcia	la ha	1-24-73

RISO

SCHOOL NAME:

Sharp E.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
007	12×12 RFT white W/Brown SHECK>	Prell } 15+ grade hell we'd + classiforms	5000		N/A
200	Sink undercontis	Prek 3 1ct gode classions			NA
300	HVAC mastic	Ruz Storage	2009		N/A
	IXI RFT - Tan W/Brown	Main Blog 1 Rms- 3,10,11, 30,321 35,29,76	9002		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date	
Joe Gereia	for the	1-24-73	

		100
LEA NAME:	15	151)

Skinner E.S

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

	2				
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
100	12x12 SACTUARTE	Office area Cafeteria	good		N/A
103	Cher. board	Building	9.00		NA
200	HVAC mastic	Throughout School	good		NA
				2	

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe bark	1/45	1-23-63

LEA NAME:	R	ISD
EEA IVAIVE.		(m. 1 m.

Southwost E.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
700	Charleboord		Boog		4/4
101	Stage Curtains	Cafe tera	good		N/a
707	Cove base	Throughout School	9000		N/A
300	HVAC mastic	Mcchanical & Custodian Pine in Admin Bldy	0009		N/A
	Pipe TSI		danucks		M/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Ise Ganic	Gen les	1-30-73

BISA

SCHOOL NAME: Vermillion E.S.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
200	Acoustrial	The ougho of classessay, cafeticla, Louise	0009		N/A
300	Challe bord	Classroams	9000		NA
302	Stage Cartains	Cafeteria	Bosg		N//1
303	cove loase	Throughout School	good		N/4
1/00	HVAC mastic	Classiooms	Good		N/A
500	Sheet rock &	400 A 3B	0,002		N/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Jel gara	Ma Tho	1-31-73

1	FΛ	NAME:	
_	^	INCHIL.	

RISC

SCHOOL NAME: Vermillion E.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
1011	12 x12 PFT Beige	Rus 600, 700,	good		N/2

*	Ifno	change	in	condition.	write	N/C
	H HO	cnange	ш	COHUMINOH.	WHILE	INA

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Garcia	In As	1-31-23

SCHOOL NAME: Victoria Heights E.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

				-	
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
151	12 x12 RFT W/metic	Office, Italiway, Classicons	good		NA
200	2x1 SACT white W/pm kdes & Occors	Throughout school	good		NA
301	Mactic Block or Green	classionis	Good		14/4
301	Cove base	Throughout School	good		N/A
(100	Sheet for 12 and	Throughout school	good		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date ,
Sic Garcie	Que h	1-77-73

LEA NAME:	Browns ville	ISD
-----------	--------------	-----

SCHOOL NAME: VII a Nueva E.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
201	SS Sink undercoating	Pre-K and Kinder	Qoeg		2/4
202	Stage curtains	Cafeteria	n/A		N/A
703 204 207	Cove base Brown	cafeteria, gym, nurse Supply room	Good		NA
15	rove base Blue	Pre-1c, lander 3rd-5th classroom Library	900c		N/A
206	Mastic	Restrooms	Good		NA
301	pipe insulation white mastic	Santor closet mech. Room	doog		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe barre	In the	1-17-23

LEA NAME:	Reconsuille	ISD	SCHOOL NAME:	Villa	Nueva	E.S.
-----------	-------------	-----	--------------	-------	-------	------

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

Periodic Surveillance Plan: At least once every six months after the AMP is in effect, periodic surveillance will be conducted in each building that the LEA leases, owns, or otherwise uses as a school building that contains ACBM or is assumed to contain ACBM. At a minimum, surveillance is planned to be conducted during the fall and spring (insert alternate time frames and other details, as needed). Each person performing periodic surveillance must: visually inspect all areas that are identified in the AMP as ACBM or assumed ACBM, record the date of the surveillance, his or her name, and any changes in the condition of the materials, and submit a copy of the record to the DP for inclusion in the AMP.

			-		
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
	Cementions Panels	Classrooms 1,2,38	Good		NA

* If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Soe Garia	be the	1-17-23

LEA NAME:	B	15	0
-----------	---	----	---

SCHOOL NAME: Yours E.S

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
202	Stainless steel Sink underson the	Purse Station; Teachers lourge, RMS 100,105, 125-107	good		11/4
703	Stainless steel sink Lunderporting	Rms 201-703	9002		1Ya
704	Stage Curtains	Cofeteria	good		14
705	Covebase	Throughout	good		MA
301	HVAC Mastic	Throughout School	Posg		NA
302	Fire proofing	Line noom	good		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Garage	for the	1-17-23

LEA NAME:	13	1	
	1		1

/turria E.S

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
	Challchoards Brown to/ white tops	Throughout Classions	005		14

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillafice Inspector's Signature	Date
Joe Garcia	/ be la	1-17-23

LEA NAME:	3	S	0
			*

Besterio M.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

				-	
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
300	Chalk board must a Black	Classrooms	Good		NA
301	Lab counter tops Black	Science Rooms	g ord		N /+
302	Stage Curtains Blue	Catetera	Significantly damaged		N JA
303	(ove base	Through ont school	Pesg		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
See Garcie	holds	1-30-23

LEA NAME:	$\langle \langle \rangle \rangle$	5	0
			Chicago

SCHOOL NAME: Brownsville Learning Academy

(Number __ of __, make copies as necessary)

M.S.

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

Periodic Surveillance Plan: At least once every six months after the AMP is in effect, periodic surveillance will be conducted in each building that the LEA leases, owns, or otherwise uses as a school building that contains ACBM or is assumed to contain ACBM. At a minimum, surveillance is planned to be conducted during the fall and spring (insert alternate time frames and other details, as needed). Each person performing periodic surveillance must: visually inspect all areas that are identified in the AMP as ACBM or assumed ACBM, record the date of the surveillance, his or her name, and any changes in the condition of the materials, and submit a copy of the record to the DP for inclusion in the AMP.

				-	
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
	IXI Floor tile- Offwhite	throughout classrooms, Stage, offices, library	908		NA
	Conversions Panels gray	Classrooms 13-16	good		N/A
	Plaster - white	of Rms	Good		N/A
	(Notuisible) under (X) floortie	3132,37 Throughout classrooms, stage, offic, library	good		N/A
				9	

* If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date / 2
In para	1 his	1-161-19
	//	

Carper and Technical Ed

LEA NAME: BISD

SCHOOL NAME: CLE - 1905 E. 6th St

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

			5	,	
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
	multi-color	Unit = - CUI, CUZ, CUZ	god		NA
	RFT IXI beige with a grey yellow and black mastic	sclect floors of CUI, CUZ	Doog		NY
	RETAXI-white WAroun and black WAroun and black Threaks Valous oben maste	(UZ	doog		14/4
	RETIXI white without with the property will be to be the master	Select floors	good		N/4
	Cernanic tile - and w/ residual	Restrons of	good		N/4
	profes we recided I black mache	Restrooms, of	desg		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Gonza	n ho	1-211-23

CTE

1965 E. 6+4 St.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
	HUAC Duct mastic - Black	Unit F-CVZ,	good		NA
	HVAC Duct master-white	Unit 6-	good		NA
	Sink underconting	Unit 6- CUL	Good		N/A
	HVAC Duct	Unit 6- CUS	Coog		N/A
	RFT - Brige IX! Brown grey streams over layer & K! RFT white w/		Good		P /A
	KET- IXI yellow White streaks yellownastic	Unit 6 - OFFICE	good		N/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Gorce	p. Lit	1-24-73

RISD

SCHOOL NAME:

CTE MOSE. 614 St

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

Periodic Surveillance Plan: At least once every six months after the AMP is in effect, periodic surveillance will be conducted in each building that the LEA leases, owns, or otherwise uses as a school building that contains ACBM or is assumed to contain ACBM. At a minimum, surveillance is planned to be conducted during the fall and spring (insert alternate time frames and other details, as needed). Each person performing periodic surveillance must: visually inspect all areas that are identified in the AMP as ACBM or assumed ACBM, record the date of the surveillance, his or her name, and any changes in the condition of the materials, and submit a copy of the record to the DP for inclusion in the AMP.

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
	Challeboard Green	Col, Cu3	good		N

* If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe boven	Le die	-74-23

LEA NAME:

RISD

SCHOOL NAME:

Faulk M.S.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
302	Chalkboard Mastic	through out classrooms	Goog		NA
303	Lab conver tops Black	Science	doog		NA
304	Stage Curtains	Cafeteria	2009		N/A
305	Gue bose	Throughout	Doog		MA
					1

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Garre	for the	1-26-23

LEA NAME: (S		S	17
--------------	--	---	----

Garcia M.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

			<u>,</u>		
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
201	Cove bose Brown	Throughout School	Overali	Rm. 105	NA

ь т.	•	1	•	11.1	• • •	* T / ~
٠ 11	no	change	ın	condition,	write	N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Garia	1/200	1-31-73

BISD

SCHOOL NAME: Lucio M.S.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
300	Challe board mostic	Bard Hall	9000		MA
301	Sink under conting	let and Inc Close worksoms	500d		2/4
302	Cove base	Throughput school	opod		MA
1/20	Pipe incolution	mechanica	Good		N/A
(0)	Flhow fitting	Mechanical	doog		MA
401	HVAC mastic	machanical room	2009		N/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Garcia	h. As	1-31-73

LEA NAME:

BISD

SCHOOL NAME:

Manzano M.S.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
201	Lab counter tops Black	Science	0009		NA
202	Sink	office area, Nurce, Library	good		NA
203	Stage	Cafeteria	9009		N/A
704	Cove base	throughout	good		A
705	MILLOLMESTIC	Gym, Restrooms	Beorg		N/A
301	Pipe Insulation	Mech.	Pamaged		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe barria	N 925	1-18-73

LEA	NAME:	

RISC

SCHOOL NAME: Manzara M.S.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
301	Elbou fitting I usulation	Mech. Room	Good		NA
303	HVAC wastic	Throughout building	Good		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Soe Garcki	the 125	1-16-73

Oliveira M.S

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

Periodic Surveillance Plan: At least once every six months after the AMP is in effect, periodic surveillance will be conducted in each building that the LEA leases, owns, or otherwise uses as a school building that contains ACBM or is assumed to contain ACBM. At a minimum, surveillance is planned to be conducted during the fall and spring (insert alternate time frames and other details, as needed). Each person performing periodic surveillance must: visually inspect all areas that are identified in the AMP as ACBM or assumed ACBM, record the date of the surveillance, his or her name, and any changes in the condition of the materials, and submit a copy of the record to the DP for inclusion in the AMP.

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
	W/gray & white	6/00/ 10/ 203/30/ 6/00/ 10/ 203/30/	good		NA
	1.2				

* If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Garcia	An Co	1-27-23

LEA NAME:	R	ISA
	',)	1 3000

Perkins M.S.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

			-		
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
200	Chalk board Mastic	Throughout school	3002		NA
300	HVAC mastic	Throughout	dosg		h/V
	8				

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Soe Garcia	Gee Me	1-31-73

SCHOOL NAME: Stell ALS

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
201	Lab counter tops Black	Science	good		
202	SMIC underconting	Nurse, Lourge, Rms 13-2-1, 31-33, 57, 54, 60-63	Good		
203	Stage curtains	Cafeteria	good		
204	Core base Brown	Office Rms 1-38,51-65	Good		
205	Mirror mastre black	Rostrosus	Cosq		
756	Cove base	Catcherice, gym,	you		

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe burica	hile	1-20-23

Stell M.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

				-	
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
207	Cove base grey	Nurce	Doog		
208	Cove pase Green	Rus 5/01-5/13 5.702-5208	Good		
301	Pipe juculation	Mechan, Jostors closet	0 osq		
	check boards green w/ white top	(1066 RMS	Sond		
	IXI Floor the grey w/ white	Office, Rms 5) -65, 73-30 Italians	goal		
	comentary panels		dog		

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Soe Garage	la de	1-70-73

Still man M.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
701	Lab Counter tops black	Science rooms	9002	/	N/A
707	Sink undercating	Rms. = 128, = 101-113, gym, Rm. BII	good		NA
703	Stage Curtains	Caleteria	9000		2/4
204	Cove base	classions, work room	9000		N/A
205	Tour base	Band Hall, gym, Library, Cafeteria	good		1/4
206	Mitror	Dance	9002		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
See Garcia	Jue En	1-17-73

LEA	NAME:	BI	Sn

SCHOOL NAME: Stillman M.S.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
267	wind or Chaulk	windows throughout	Good		N/4
301	pipe insulation	pipe chase Room	good		11/4
302	Elbow, Fitting	Pipe chase	good		NA
303	HVAC mostic	Throughout buildings	gord		P/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
See Garria	fre It	1-1773

LEA NAME: BISD

SCHOOL NAME:

Vela M.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
201	Stage Curtains	Cafetera	3009		NA
767	Cour base Brown w/	Throughout school	3009	damaged Cafeteria	NA
	Challe boards - green	2 ms - 101, 102, 106, 705, 206, 203, 769, 300, 302, 306	good		N/A
	IXI RFT- white out Brige species	Poitables = #6	Boog		NA
	Chalkboard - Brown	Rn-111	good		N/A
					6

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date 7 3
Soc Garcia	//m /h	4-6-67

IFΔ	NAME:
	14/7/14/F

BISO

SCHOOL NAME: Brownshile Early College H.S

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
200	Challeboard Mastic While board on top	Throughout	doog		NA
300	Pipe Insulation	Throughout	Cosq		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
The borga	An he	1-75-73

BISD

SCHOOL NAME:

Hanna H.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
20	Sin 10 under coaring	5-200, M3/L	9009		N/A
207, 203, 2011, 705	Cour base	Throughout	9002		N/A
706	(one pase	T-100, T-200	9002		NA
300	pipe insulation	main building electrical room above relling	9002		NA
301	HVAC mastic	electrical room	good		N/A
	green w/ white board on top	Throughout classrooms of pode A,B,C,D	good		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Soe Gareja	for him	1-51-23

Hanna H.S.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
	HVAC duct	Cafeteria, pod k Past and west wall Dome	9009		P/A
	ceiling texture	east and west wall pome area	9002		2/4

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Garia	for the	1-31-23

LEA NAME: BLO

SCHOOL NAME: LINCOLA POPIL 17.5

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
702	Covebase	through out School	good		NA
300	Pipe insulation	me chanicall	900 c		NA
	Linoleum shect flooring under IXI RFT - mostic Color un known	Print shop	900d		N/A
	Lindown sheet flooring under IX RFT	Main Blog Hollways classrooms	9002		NA
	1x RFT - white wy blue, red, yellow	Class rooms - 18, 102, 103, 105, 106, 108, 109	Dog		MA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Toe Gara	1/15	1-25-13

LEA NAME: SISO

SCHOOL NAME: LOPEZ HS

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

			-	E	
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
301	Challe board master black	Classioons	good		N/A
302	Lab counter tops Black	Science wing	Tables dancised Nm. C146		N/A
303	Stage Curtains	Andstorium	good		N/A
3011	Cove base	Throughout	good		NA
4/00	pipe insulation	Mechanical	good		N/2
401	elhow Atting insulation	Mochanical	good	/	4/4

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Gorcia	Jan Australia	1-30-13

	12 1	
LEA NAME:	1)	<
Per Service 1 47 (1915-		1

Pace HS

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
201	Chalil board mastre - green	Hall B-H	good		
202	Sink Undercoating	Halls C, G, H	good		
203	Stage	And fortun	5002		
205	(webase- green	Throughout School	0009		
706	Cove base -	B-hall C-hall	8009		
207	Pack base	gym, D-Hally F, H, K halls	0009		

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Garic	Me tho	-20-73

LEA NAME:

BISE

SCHOOL NAME:

Pace H.S

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

			====		
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
301	Pipe insulation	Mech. Mas 1 gym	good		
302	Black foare	Mech. Ross,	(Jos)		
303	Elbow fitting insulation	mech. 2mis, gym	good		
304	HVAC machie	mech. emis,	9009		
305	Fire proofes Grey	Electrical	2009		
	Cementions Porch grey/white	Boys facts Postrons	doog		

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Garia	he he	1-20-23

LEA NAME: BISD

SCHOOL NAME:

Porter H.S.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
300	c halkbourd massic	Classrooms	Doog	//.	V/A
301	Lab Counter tops black	Science	9000		NÉ
302	Stage	And fortum	Good		N/a
303	rove base	Throughout school	03 ord		N/A
400	pipe insulation	Mechanical rooms	Good		Wh
(0)	Pipe elbow Etting and	Rooms	good		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Soe Garcia	h. As	1-77-73

	EΛ	NAME
_		

BISA

SCHOOL NAME:

Portor H.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

			-		
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
	Fune book Grey	Room I 102, I 104	300		N/A

1.	TC	4	•	1111	٠.	TIM
r	It no	change	ın	condition,	write	N/C
	11 110	01101150	***	O O II GILLIOII,	******	11,0

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Jec Gara	h /4x	1-27-23

BUSD

SCHOOL NAME: Rivera +1.5.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
300	Challeboard mustic Black	Classiooms	good		MA
301	Lab Counter tops Black	SC sence wing	good		PA
302	Stage Curtains	Auditorium	good		V/A
303	Cove base black	Throughout	g 00d		1/4
400	Pipe	Mich. rooms	good		1/4
401	Elbow Fitting insulation	Meet. Moons	good		N/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe barric	The the	1-51-75

SCHOOL NAME: Veterans H.S.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
701	Lab counterlaps Black	Labs		Good	NA
202	Stainless Steel	Nurse, Library, CATE building, Catetora, 13-Thell, C-	Hall work last	Bood	NA
703	Stage Cartains	Auditorium		good	NA
704	Cove base	Throughout		Good	NA
705	mirror mostic	Chorrhall, Mancron Nurse Restructs, Cafeteria, Cateble		Good	N/A
206	Cove base Blue	Gym		Gold	N/4

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
See Garia	Dec 1/5	1-17-23

SCHOOL NAME: Veterans H.S

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

			=======================================		
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
267	Covebase Brown	Board Hall	Good		NA
301	Pipe inculation	Mech. Room, BoterRoom, Theatre	Good		NA
302	Elbow Fitting Fingulation	Mech Loan Boiler Room	0009		1/4
303	HVAC Mastic White	through out Building	good		NA
304	Fire proofing gray	Mechanical room, Boiler Room, Ecchure Hall	0,600		MA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance/Inspector's Signature	Date
Soc boria	Mar Mit	1-17-23

LEA NAME:	B	5	0
	4	40	-

SCHOOL NAME: Food Services

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

			-		
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
301	Pipe	Mechanical	9000		NA
302	Elbow fitting insulation	Mechanical (60m	9002		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Jue Garrica	Jun 165	2-6-23

ΙFΔ	NAME:	B	15	D
LEA	IAWIAIC.	-		Char

SCHOOL NAME: Central Admin. Building

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
300	Cove base	Throughout building Mechanical room	9000		NA
401	Pipe insulation	mechanical	9002		NA

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Gara	for h	2-6-23

SCHOOL NAME: BISD Academic Center

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
301	Cove base	Throughout	good		NA
					¥

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Garcia	he 1/2	2-6-23

SCHOOL NAME: BISA Administration Blog.

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
300	Sink	breakroom	900d		W/4
301	Cove base Brown	Throughout building	2002		NA
1/00	pipe Insulation	Mechanical	9002		N/A

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe barra	pr. ks	2-6-25

LEA NAME:	BI	5	0
		- Char	- Adjuster-

SCHOOL NAME: M. M. Clark Aquatic Center

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
300	Grey	offices, classiooms	good		N/A
401	pipe insulation	Boiler	damagez	east wall	MA
402	Elbow fitting insulation	Boiler Room	damage2	Elbow insulation swc area	NA
			A		

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Joe Garcia	Au Pho	2-6-23

LEA NAME: (5 >	17
------------------	----

Special Services

(Number __ of__, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
300	Sinic	Breakroom	damased		
301	Cove base	offices and cubical area	deog		

^{*} If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Soe Garia	he the	2-6-23