

LEA NAME: Brownsville ISD

SCHOOL NAME: Aiken 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 |
|--------|--------------------------|---------------------------------|-----------------|-----------------|-------------------|
| | Cafeteria Stage Curtains | Cafeteria | good | / | N/A |
| | TSI pipe insulation | above ceiling throughout school | good | / | N/A |
| | HVAC Duct mastic - grey | Throughout school | good | / | N/A |
| | HVAC Duct mastic - white | chiller room | damaged | / | N/A |
| | Sink undercoating | 1st and 2nd floor classrooms | good | / | N/A |
| | Cove base - brown | throughout school | good | / | N/A |

* If no change in condition, write N/C

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

LEA NAME: Brownsville ISDSCHOOL NAME: Aiken 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 |
|--------|----------------------------|----------------|-----------------|-----------------|-------------------|
| | Black foam pipe insulation | chiller room | damaged | / | N/A |
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* If no change in condition, write N/C

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| Surveillance Inspector's Name <u>Joe Garcia</u> | Surveillance Inspector's Signature  | Date <u>8-8-22</u> |
|--|---|-----------------------|

LEA NAME: Brownsville ISD

SCHOOL NAME: Brownsville ES

(Number ___ of ___, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|--------------------------------------|--|----------------------|---|-------------------|
| 003 | Colored carpet | Library, office | no carpet in library | simulated wood flooring | N/A |
| 201 | Lab counter tops Black material | Science Rooms | N/A | Not present | N/A |
| 202 | Stainless steel Sink undercabinet | Nurse Station, Kitchen, office area, Rooms 100-121 | good | | N/A |
| 203 | Core Base Brown | Library, Hub Room, offices cafeteria | damaged | damaged front entrance to office area | N/A |
| 204 | Mirror maistic | Restrooms | good | | N/A |
| 205 | Core Base Black | classrooms, nurse | damaged | damaged front entrance to nurse station | N/A |

* If no change in condition, write N/C

| | | |
|---|---|----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 8-9-22 |
|---|---|----------------|

LEA NAME: Brownsville ISD

SCHOOL NAME: Benavides ES.

(Number ___ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|-----------------------------------|-----------------|-----------------|-----------------|-------------------|
| 301 | Pipe insulation w/ white mastic | Sanitor closet | N/A | not found | N/A |
| 302 | Fireproofing pipe foam insulation | Electrical room | N/A | not found | N/A |
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* If no change in condition, write N/C

| | | |
|---|---|----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature <i>Joe Garcia</i> | Date 8-4-22 |
|---|---|----------------|

LEA NAME: Brownsville ISD

SCHOOL NAME:

Breeden F.S.

(Number ___ of ___, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|-----------------------------------|---|-----------------|-----------------|-------------------|
| 300 | Stainless Steel Sink undercoating | Nurses office | good | / | N/A |
| 301 | Air conditioning | RR F wings A wing D wing | good | / | N/A |
| 400 | HVAC | Meat Rm F wings Meat Rm A wing Meat Rm D wing | good | / | N/A |
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* If no change in condition, write N/C

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|---|---|----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 8-9-22 |
|---|---|----------------|

LEA NAME: Brownsville ISD

SCHOOL NAME: Britk ES

(Number ___ of ___, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|-----------------------------------|---------------------------------------|-----------------|-----------------|-------------------|
| 101 | 12x12" RFT white w/species | Main office classrooms | good | / | N/A |
| 102 | 12x12" RFT multi-color | 100 wing, cafeteria | good | / | N/A |
| 302 | Cove base Blue w/ Brown marble | Throughout School | Overall good | damaged | N/A |
| | | Damage in cafeteria at entrance | | | |
| | | | | | |
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* If no change in condition, write N/C

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

LEA NAME: Brownsville FSD

SCHOOL NAME: Burns 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 |
|--------|--|--------------------------|-----------------|-----------------|-------------------|
| 103 | 12" x 12" RFT white w/Brown specks | Rm 805 Rm 605 | good | / | N/A |
| 300 | Stainless Steel sink undercoating | classrooms | good | / | N/A |
| 301 | Stage curtains - Blue | Cafeteria | good | / | N/A |
| 302 | Cove base | throughout school | good | / | N/A |
| | 1' x 1' RFT white w/blue specks | Rm 601 B | damaged | / | N/A |
| | Chalk boards green with white board on top | Throughout classrooms | good | / | N/A |

* If no change in condition, write N/C

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

(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 |
|--------|--|-----------------------|-----------------|-----------------|-------------------|
| | Cove base | Throughout school | good | / | N/A |
| | Chalk boards green w/white boards on top | Throughout classrooms | good | / | N/A |
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* If no change in condition, write N/C

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|--|---|-----------------|
| Surveillance Inspector's Name Joe Garin | Surveillance Inspector's Signature  | Date 8-12-22 |
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(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|-----------------------------|--------------------------|-----------------|-----------------|-------------------|
| 200 | H VAC mastc white & grey | Through out buildings | good | | N/A |
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* If no change in condition, write N/C

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

LEA NAME: Brownsville ISDSCHOOL 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 grey | Throughout school | good | / | N/A |
| | | | | | |
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* If no change in condition, write N/C

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|---|---|-----------------|
| Surveillance Inspector's Name Doc Barrin | Surveillance Inspector's Signature  | Date 8-12-22 |
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LEA NAME: Brownsville ISD

SCHOOL NAME: Cromack E.S.

(Number ___ of ___, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|--|--------------------------|-----------------|---------------------------------|----------------------|
| 002 | 12"x12" RFT Brown w/tan streaks Black mastic | gym | damaged | / | N/A |
| 008 | 12"x12" RFT White w/ Blue streaks | Rm 304 | N/A | Replaced floor | approx. 1 year |
| 300 | HVAC mastic - white | through out building | good | / | N/A |
| 200 | chalkboard green w/white board on top | Throughout classrooms | N/A | Replaced with white board | N/A |
| | compound chalky board | N/A not found | not found | / | N/A |
| | | | | | |

* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 8-17-22 |
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(Number ___ of ___, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|---|---|-----------------|-----------------|-------------------|
| 200 | Chalkboard Black mastic | Room 204 - 210 | good | / | N/A |
| 300 | HVAC mastic white | Throughout Building | Good | / | N/A |
| | HVAC mastic grey | Mech. Room | good | / | N/A |
| | Chalkboards green with white boards | Throughout Classrooms | Good | / | N/A |
| | IX1 RPT berse + black mastic | Under carpet in teachers workroom | good | / | N/A |
| | | | | | |

* If no change in condition, write N/C

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

LEA NAME: Brownsville ISD

SCHOOL NAME: Egly Elementary School

(Number ___ of ___, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|------------------------------------|--------------------------------------|-----------------|-----------------|-------------------|
| 300 | Chalkboards green | Classrooms Throughout Building | Good | / | N/A |
| 301 | Stainless steel undercoating | Teacher workroom | Good | / | N/A |
| 302 | Maroon Stage Curtains | Cafeteria | Good | / | N/A |
| 303 | Cove base tan w Brown mastic | Throughout classrooms | Good | / | N/A |
| 400 | HVAC mastic white | Cafeteria | Good | / | N/A |
| | | | | | |

* If no change in condition, write N/C

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

LEA NAME: Brownsville ISDSCHOOL NAME: El Jardin ES.

(Number ___ of ___, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|--------------------------------------|----------------------------|------------------------------|-----------------|-------------------|
| 300 | Chalkboard mastic - Black | Rm 103 Rm 500 | good | / | N/A |
| 301 | stainless steel sink under coating | Rm 216 Rm 103 Rm 106 | good | / | N/A |
| 302 | Stage Curtains | Auditorium | good | / | N/A |
| 303 | cove base - brown w/ yellow mastic | through out school | damaged in principals office | / | N/A |
| 400 | HVAC mastic white | mech. room in office area | good | / | N/A |
| 100 | 12"x12" RFT off white w/ grey specks | Through out school, office | good | / | N/A |

* If no change in condition, write N/C

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|--|--|------------------------|
| Surveillance Inspector's Name <u>Joe Garcia</u> | Surveillance Inspector's Signature <u>[Signature]</u> | Date <u>8-16-22</u> |
|--|--|------------------------|

LEA NAME: Brownsville ISD SCHOOL NAME: El Jardin E.S.

(Number ___ of ___, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| 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"x12" RFT multi-color | 600 wing hallway main office area | good | / | N/A |
| 103 | 12"x12" RFT Beige | Cafeteria, kitchen, office, storage room | good | / | N/A |
| 104 | 12"x12" RFT Beige & grey | Classrooms 601-612 | good | / | N/A |
| | | | | | |
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* If no change in condition, write N/C

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|--|---|------------------------|
| Surveillance Inspector's Name <u>Joe Garcia</u> | Surveillance Inspector's Signature  | Date <u>8-16-72</u> |
|--|---|------------------------|

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

(Number ___ of ___, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|---------------------------------------|-----------------------------|-----------------|-----------------|-------------------|
| 102 | Carpet mastic | stage area | good | / | N/A |
| 300 | Red stage curtains | cafeteria | good | / | N/A |
| 301 | cove base mastic | Through out building | good | / | N/A |
| 400 | HVAC mastic grey | HVAC duct throughout school | good | / | N/A |
| 401 | Fire proofing spray on brickwork grey | Above suspended ceiling | good | / | N/A |
| | | | | | |

* If no change in condition, write N/C

| | | |
|--|---|------------------------|
| Surveillance Inspector's Name <u>Joe Garcia</u> | Surveillance Inspector's Signature <u>Joe Garcia</u> | Date <u>8-16-77</u> |
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(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 |
|--------|--|---------------------|-----------------|-----------------|-------------------|
| 006 | White Vinyl Floor w/ moisture | Pre k to 1st grade | not found | N/A | N/A |
| 202 | 4'x6' White & Brown Fiber Board | 303, 304, 305 | Good | N/A | N/A |
| 300 | HVAC ducts white | Throughout school | Good | N/A | N/A |
| | 1x1 RFT - white w/ grey streaks black mastic | Rooms 303, 304, 305 | damaged | N/A | N/A |
| | | | | | |
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* If no change in condition, write N/C

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|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 8-16-22 |
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(Number ___ of ___, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|------------------------------------|---|-------------------|-----------------|-------------------|
| 200 | chalk board mastic | Rm 405, 404, 301 | good | / | N/A |
| 300 | HVAC mastic grey | Mech Rms | good | / | N/A |
| | 1x1 RFT - light grey | Classrooms - 606, 604, 605, 404, 301, 103 | damaged in 103 | / | N/A |
| | 1x1 RFT - beige w reddish white | Classrooms 58, 66, 68, 6A | good | / | N/A |
| | | | | | |
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* If no change in condition, write N/C

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|--|--|-----------------|
| Surveillance Inspector's Name Joe Garza | Surveillance Inspector's Signature <i>Joe Garza</i> | Date 8-17-22 |
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(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 | Stainless steel sink undercooking | 106, 108, 110 114, Parent Center | Good | / | N/A |
| 301 | Stage curtains | Cafeteria | Good | / | N/A |
| 302 | Cove base Dark Brown | Throughout Buildings | Good | / | N/A |
| | Cove base light brown w/ yellow staining | Rm 311 | significantly damaged | / | N/A |
| | Chalkboards green w/ white boards on top | Throughout classrooms | good | / | N/A |
| | | | | | |

* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 8-16-22 |
|---|---|-----------------|

LEA NAME: Brownsville ISD

SCHOOL NAME: Hudson Elementary School

(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 | Stainless steel stole underneath | 100 wing classrooms | good | / | N/A |
| 301 | Green stage curtains | cafeteria | good | / | N/A |
| 200 | 2'x2' SACT small hole white | throughout buildings | good | / | N/A |
| | | | | | |
| | | | | | |
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* If no change in condition, write N/C

| | | |
|---|--|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature <i>[Signature]</i> | Date 8-17-22 |
|---|--|-----------------|

LEA NAME: Brownsville ISD SCHOOL NAME: 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.

| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|-----------------------------------|---|----------------------------|-----------------|-------------------|
| 201 | Lab Counter tops - black | Science Rooms | N/A not found | / | N/A |
| 202 | stainless steel sink undercoating | Nurse Teachers lounge | good | / | N/A |
| 203 | Mirror mastic | Restrooms in Pre-K, kinder, classrooms | good | / | N/A |
| 204 | cove base - blue | Cafeteria, office, lounge, hallways, classrooms | good | / | N/A |
| 205 | cove base - brown | library | good | / | N/A |
| 301 | pipe insulation | mech rooms | damaged in HVAC mechr room | / | N/A |

* If no change in condition, write N/C

| | | |
|--|--|------------------------|
| Surveillance Inspector's Name <u>Soe Garcia</u> | Surveillance Inspector's Signature <u>[Signature]</u> | Date <u>8-17-22</u> |
|--|--|------------------------|

LEA NAME: Brownsville ISD

SCHOOL NAME: Keller E.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|------------------------------|---------------------|-----------------|-----------------|-------------------|
| 302 | Elbow, Fitting Insulation | Mechanical Rooms | good | / | N/A |
| 303 | HVAC mastic white | HVAC mech. room | good | / | N/A |
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* If no change in condition, write N/C

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|-------------------------------|------------------------------------|-----------------|
| Surveillance Inspector's Name | Surveillance Inspector's Signature | Date 8-17-22 |
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(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|---|--------------------|-----------------|-----------------|-------------------|
| 201 | Chalkboard mastic Black or Green | Classrooms | good | / | N/A |
| 202 | Cove base Brown | Throughout School | Overall good | Damaged Rm 115 | N/A |
| | 1x1 RFT - white w/ grey streaks Black mastic | Classrooms - 32-38 | Good | / | N/A |
| | | | | | |
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* If no change in condition, write N/C

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|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 9-15-22 |
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LEA NAME: Brownsville ISD SCHOOL NAME: Martin E.S.

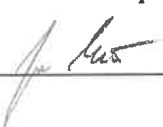
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AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|--------------------------------------|-----------------------------------|-----------------|---------------------|-------------------|
| 201 | Stainless Steel Sink undercoating | Nurse, Rms: 31-40, Art, Lounge | good | / | N/A |
| 202 | Stage curtains | Cafeteria | good | / | N/A |
| 203 | Cove base | Cafeteria, classrooms, gym | overall good | damaged in Rm 31 | N/A |
| 204 | Mirror mastic | Rms 31-40 | good | / | N/A |
| 205 | Cove base - gray | office, nurse, lounge | good | / | N/A |
| 206 | Cove base - green | music/art rooms, hallways | good | / | N/A |

* If no change in condition, write N/C

| | | |
|--|---|------------------------|
| Surveillance Inspector's Name <u>Joe G.</u> | Surveillance Inspector's Signature  | Date <u>8-17-72</u> |
|--|---|------------------------|

LEA NAME: Brownsville ISDSCHOOL NAME: Martin E.S.

(Number ___ of ___, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|--|--------------------------|-----------------|-----------------|-------------------|
| 301 | HVAC mastic grey | HVAC mech. Room | good | / | N/A |
| 403 | wood wall panel | gym | good | / | N/A |
| 105 | white fiber board ceiling panel | Rms. 31-33, Storage | Good | / | N/A |
| | chalk boards - green w/ white board on top | Throughout classrooms | good | / | N/A |
| | | | | | |
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* If no change in condition, write N/C

| | | |
|--|---|------------------------|
| Surveillance Inspector's Name <u>Joe Garcia</u> | Surveillance Inspector's Signature  | Date <u>8-17-22</u> |
|--|---|------------------------|

LEA NAME: Brownsville ISD

SCHOOL NAME: Morningside Elementary School


(Number ___ of ___, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|---------------------------|----------------|-----------------|-----------------|-------------------|
| 300 | HVAC ductwork white | Mech Room | good | / | N/A |
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* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 8-17-22 |
|---|---|-----------------|

LEA NAME: Brownsville ISD SCHOOL NAME: Ortiz 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 |
|--------|------------------------------------|--|--------------------------|-----------------|-------------------|
| 201 | Black Lab counter tops | Science rooms | not found not present | / | N/A |
| 202 | stainless steel sink undercoatings | Nurse station, Teacher lounge, Library | good | / | N/A |
| 203 | Stage curtains | Cafeteria | good | / | N/A |
| 204 | cove base Brown | Throughout building | good | / | N/A |
| 205 | mirror mastic | Restrooms, Gym, Cafeteria | good | / | N/A |
| 206 | cove base Blue | Cafeteria, Dry storage | good | / | N/A |

* If no change in condition, write N/C

| | | |
|--|--|------------------------|
| Surveillance Inspector's Name <u>Joe Garcia</u> | Surveillance Inspector's Signature <u>[Signature]</u> | Date <u>8-18-22</u> |
|--|--|------------------------|

LEA NAME: Brownsville ISD

SCHOOL NAME: Ortiz E.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|----------------------------------|-------------------------|----------------------------|-----------------|-------------------|
| 301 | Pipe Insulation and white mastic | Mech Room | good | / | N/A |
| 302 | Elbow fitting Insulation | Mech Room | good | / | N/A |
| 303 | Pipe Insulation Black foam | Mech Room | Damaged chilled water pipe | / | N/A |
| 304 | Fire proofing pink foam | Janitor closet | good | / | N/A |
| 003 | Carpet mastic (Blue carpet) | Office area, stage area | good | / | N/A |
| | | | | | |

* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 8-18-22 |
|---|---|-----------------|

LEA NAME: Brownsville ISD

SCHOOL NAME: Palm Grove Elementary School

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|---------------------------------------|-----------------------------|--------------------|-----------------|-------------------|
| 300 | Chalk board masonry | Rm B-12 | Good | / | N/A |
| 301 | SS Sink Under roofing all white | Teachers lounge, Rm B-12 | Good | / | N/A |
| 302 | Skiss Curtains | Cafeteria | Good | / | N/A |
| 303 | Cool base | Thompson School | Good | / | N/A |
| 400 | HVAC masonry white | Mechanical Room | N/A not present | / | N/A |
| | | | | | |

* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 8-18-77 |
|---|---|-----------------|

LEA NAME: Brownsville ISDSCHOOL NAME: Parades E.S.

(Number ___ of ___, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|--|---------------------------------|-----------------|--|-------------------|
| 105 | Sheet Flooring w/mastic white w/tan pebble | Kitchen | good | / | N/A |
| 300 | Stainless steel sink undercoating | Art classroom, Front classrooms | good | / | N/A |
| 301 | Stage curtains Blue | Cafeteria | good | were green changed to blue beginning of 2022 | |
| 302 | Cove base | Throughout school | good | / | N/A |
| 303 | Mirror mastic | Restrooms | good | / | N/A |
| 400 | HVAC Black mastic | HVAC Ductwork throughout school | good | / | N/A |

* If no change in condition, write N/C

| | | |
|---|--|------------------------|
| Surveillance Inspector's Name <u>Joe Garra</u> | Surveillance Inspector's Signature <u>[Signature]</u> | Date <u>8-19-22</u> |
|---|--|------------------------|

LEA NAME: Brownsville ISDSCHOOL NAME: Parades E.S.

(Number ___ of ___, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|--|-------------------------------|-----------------|-----------------|-------------------|
| 4101 | Fire proofing - Black green mastic | Above ceiling top of walls | good | | N/A |
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* If no change in condition, write N/C

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|---|---|------------------------|
| Surveillance Inspector's Name <u>Joe Garza</u> | Surveillance Inspector's Signature  | Date <u>8-19-22</u> |
|---|---|------------------------|

LEA NAME: Brownsville ISD

SCHOOL NAME: Pena E.S.


(Number ___ of ___, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|---------------------------------------|---|------------------------|-----------------|-------------------|
| 006 | Carpet mastic Multicolor carpet | Library | not present removed | / | 1 1/2 years |
| 201 | Stainless steel Sink undercoatings | Nurse Station, Teachers lounge Rooms 114 1/2 126 | good | / | N/A |
| 202 | Stage Curtains | Cafeteria | good | / | N/A |
| 203 | Mirror mastic | Restrooms, Nurse Station | good | / | N/A |
| 204 | cove base orange | Nurse station | good | / | N/A |
| 205 | cove base brown | Classrooms in D, E, F, and G area (Gym, Electrical room) | good | / | N/A |

* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 8-18-22 |
|---|---|-----------------|

LEA NAME: Brownsville ISDSCHOOL NAME: Pena E.S.

(Number ___ of ___, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|----------------------------|--------------------|-----------------|-----------------|-------------------|
| 766 | Cove base gray | Library | Good | / | N/A |
| 301 | Pipe Insulation TSI | Electrical Room | good | / | N/A |
| 302 | Pipe elbow Fitting TSI | Electrical Room | good | / | N/A |
| 303 | HVAC mastic white | Electrical Room | good | / | N/A |
| 304 | Water Heater Insulation | Electrical Room | good | / | N/A |
| | | | | | |

* If no change in condition, write N/C

| | | |
|--|--|------------------------|
| Surveillance Inspector's Name <u>Joe Garcia</u> | Surveillance Inspector's Signature <u>[Signature]</u> | Date <u>8-18-22</u> |
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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|--------------------------------------|---|-----------------|-----------------|-------------------|
| 301 | chalk Board w/white | classrooms | good | / | N/A |
| 302 | Stage Curtains | cafeteria | good | / | N/A |
| 303 | Cove Base Brown | Throughout school | good | / | N/A |
| 400 | pipe insulation | mechanical room | good | / | N/A |
| | 1X1 RFT - Tan / white | Rooms 105, 106 205 | good | / | N/A |
| | 1X1 RFT - Red/white Blue Stronics | Cafeteria - encapsulated under new door | good | / | N/A |

* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 8-18-22 |
|---|---|-----------------|

LEA NAME: Brownsville ISD SCHOOL NAME: Perez E.S.

(Number ___ of ___, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|---|--------------------|-----------------|-----------------|-------------------|
| | 1x1 RFT - white w/ tan and green speckles | Portables 110, 111 | good | / | N/A |
| | HVAC Duct mastic - Black | Main office area | good | / | N/A |
| | | | | | |
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* If no change in condition, write N/C

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|--|--|------------------------|
| Surveillance Inspector's Name <u>Ibe Garcia</u> | Surveillance Inspector's Signature <u>[Signature]</u> | Date <u>8-18-22</u> |
|--|--|------------------------|

LEA NAME: Brownsville ISD SCHOOL NAME: Pullam E.S.

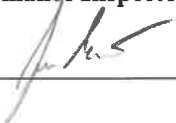
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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|---|--|-----------------|-----------------|-------------------|
| 101 | 2'x2' SACT Pinholes & Fractures | Throughout building | good | / | N/A |
| 201 | Lab Counter Tops Black | Science Rooms | not present | / | N/A |
| 202 | Stainless steel sink undercoating | Nurse, Teachers lounge Rooms 601, 602, 501-518 | good | / | N/A |
| 203 | Stage curtains | Cafeteria | good | / | N/A |
| 204 | row base grey | Throughout building | good | / | N/A |
| 205 | Mirror mastic | Restrooms | good | / | N/A |

* If no change in condition, write N/C

| | | |
|--|---|------------------------|
| Surveillance Inspector's Name <u>Joe Garcia</u> | Surveillance Inspector's Signature  | Date <u>8-18-22</u> |
|--|---|------------------------|

LEA NAME: Brownsville ISD

SCHOOL NAME:

Pullam E.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|---------------------------|----------------------|-----------------|-----------------|-------------------|
| 301 | Pipe TSI and white mastic | Mech. and Elec. Room | good | / | N/A |
| 302 | Elbow, Fitting TSI | Mech. Room | good | / | N/A |
| 303 | HVAC mastic white | Mech. Room | good | / | N/A |
| | | | | | |
| | | | | | |
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* If no change in condition, write N/C

| | | |
|-------------------------------|------------------------------------|--------------|
| Surveillance Inspector's Name | Surveillance Inspector's Signature | Date 8-18-22 |
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(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|--|---------------------------------|-----------------|-----------------|-------------------|
| 200 | 18"x18" ceiling Tile + mastic | Main office area | good | / | N/A |
| 400 | HVAC mastic white | 500 building storage closet | good | / | N/A |
| | Chalk boards - green w/white boards on top | Throughout classrooms | good | / | N/A |
| | Cementitious panels - Red Paint | Building K - Rooms 300 - 303 | good | / | N/A |
| | | | | | |
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* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 8-18-22 |
|---|---|-----------------|

(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 | chalk board mastic Black or Green | Classrooms | Not Present in southern classrooms | removed | N/A |
| 301 | Cove base Brown | Throughout School | removed in classrooms | / | N/A |
| | Cove base grey | Classrooms | Good | newly installed | N/A |
| | 1x1 RFT - tan/white Black mastic | Janitor supply Room - 4133 | damaged | / | N/A |
| | 1x1 RFT - white/ grey | Main Bldg. office area | Good | / | N/A |
| | | | | | |

* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 9-15-22 |
|---|---|-----------------|

(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 |
|--------|---------------------------------------|---|-----------------|-----------------|-------------------|
| 102 | 2x4 SACT white w/ pinholes + fissures | Buildings B, C, E, F, G, and kinder | good | / | N/A |
| 103 | 4x6 white Fiber board ceiling panel | Building E | good | / | N/A |
| | 9" RFT - grey | Classroom 1-C | good | / | N/A |
| | 1x1 RFT - grey/white | Rms 2-C, 3-C | good | / | N/A |
| | 1x1 RFT - white w/ Brown tan speckles | Cafeteria | damaged | / | N/A |
| | Chalkboards green | Throughout classrooms 11, 112, 113, 118 | good | / | N/A |

* If no change in condition, write N/C

| | | |
|---|--|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature <i>[Signature]</i> | Date 8-19-22 |
|---|--|-----------------|

LEA NAME: Brownsville ISDSCHOOL 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 |
|--------|-----------------------------|-------------------|-----------------|-----------------|-------------------|
| | Cementitious panels grey | Building C canopy | good | / | N/A |
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* If no change in condition, write N/C

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| Surveillance Inspector's Name <u>Joe Garcia</u> | Surveillance Inspector's Signature <u>[Signature]</u> | Date <u>8-10-22</u> |
|--|--|------------------------|

(Number ___ of ___, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|---------------------------------------|--|-----------------|-----------------|-------------------|
| 667 | 12x12 RFT white w/ Brown stains | Pre K & 1st grade hallway & classrooms | good | / | N/A |
| 700 | Stainless Steel sink under sink | Pre K & 1st grade classrooms | good | / | N/A |
| 300 | Huge marble white | Rm 2 storage room | good | / | N/A |
| | 1x1 RFT - Tan/ Brown | Main Bldg, Rms- 3, 10, 11, 20, 32 35, 29, 26 | good | / | N/A |
| | | | | | |
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* If no change in condition, write N/C

| | | |
|--|---|------------------------|
| Surveillance Inspector's Name <i>Joe Garcia</i> | Surveillance Inspector's Signature <i>Joe Garcia</i> | Date <i>8-17-22</i> |
|--|---|------------------------|

(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 |
|--------|------------------------------|-----------------------|-----------------|-----------------|-------------------|
| 100 | 12x12 SACT w/ pinholes white | Office area cafeteria | Good | / | N/A |
| 103 | 4x6 ceiling fiber board | Building | Good | / | N/A |
| 200 | HVAC plaster white | Throughout school | Good | / | N/A |
| | | | | | |
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* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 8-19-22 |
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(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|---------------------|--------------------------------|------------------|-----------------|-------------------|
| 200 | Chalkboard | Not present | Not present | / | N/A |
| 201 | stage curtains | Cafeteria stage | Good | / | N/A |
| 202 | Cover base brown | Throughout school | Good | / | N/A |
| 300 | HVAC machine duct | Mechanical room in Admin Bldg. | Good | / | N/A |
| | Pipe TSI | Custodian Rm of Admin Bldg | Slightly damaged | / | N/A |
| | | | | | |

* If no change in condition, write N/C

| | | |
|---|---|----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 8-5-22 |
|---|---|----------------|

LEA NAME: Brownsville ISD

SCHOOL NAME: Vermillion 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 | Acoustical panels | throughout classrooms, cafeteria, lounge | good | / | N/A |
| 300 | chalk board mastic | classrooms | good | / | N/A |
| 301 | Lab counter tops - black | Not Found | N/A | / | N/A |
| 302 | Stage curtains | cafeteria | good | / | N/A |
| 303 | Cove base - brown | throughout school | good | / | N/A |
| 400 | HVAC mastic - white | Classrooms | good | / | N/A |

* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 8-18-22 |
|---|---|-----------------|

LEA NAME: Brownsville ISD

SCHOOL NAME: Vermillion 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 |
|--------|-------------------------------|---|-----------------|-----------------|-------------------|
| 500 | Sheet rock and joint compound | 400 A 1/3 Counselors office | good | / | N/A |
| 104 | 12"X12" RFT Beige | Classrooms 600, 700, 100, 300, 400, 500 wings | good | / | N/A |
| | | | | | |
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* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 8-18-22 |
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(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|---|---------------------------------|-----------------|-----------------|-------------------|
| 101 | 12"x12" RFT w/ mastic white | office, hallways, classrooms | good | / | N/A |
| 200 | 2'x4' SACT white w/pinholes & fingers | Throughout school | good | / | N/A |
| 301 | Chalkboard mastic Black or Green | Classrooms | good | / | N/A |
| 302 | Cave base Brown | Throughout school | good | / | N/A |
| 400 | Sheet Rock and Joint compound | Throughout school | good | / | N/A |
| | | | | | |

* If no change in condition, write N/C

| | | |
|---|--|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature <i>[Signature]</i> | Date 9-15-22 |
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(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|-------------------|------------------------------|---|-----------------|-----------------|-------------------|
| 201 | SS sink under coating | Nurse / Teacher lounge, Pre-K and Kindergarten classrooms | good | / | N/A |
| 202 | stage curtains | Cafeteria | not present | / | N/A |
| 203 204 207 | Cove base Brown | Office, Cafeteria, Gym, Nurse, Supply room | good | / | N/A |
| 205 | Cove base Blue | Pre-K, Kindergarten, 3rd - 5th, Library | good | / | N/A |
| 206 | mirror mosaic | Restrooms | good | / | N/A |
| 301 | PIPE insulation white mosaic | Janitor closet mechanical room | good | / | N/A |

* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 8-23-72 |
|---|---|-----------------|

LEA NAME: Brownsville ISD

SCHOOL NAME: Villa Nueva E.S.

(Number ___ of ___, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|---------------------|--------------------------|-----------------|-----------------|-------------------|
| | Cementous Panels | Classrooms - 1, 2, 38 | good | / | N/A |
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* If no change in condition, write N/C

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|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 8-73-22 |
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AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|---|---|-----------------|-----------------|-------------------|
| 201 | Lgb counter tops Black | Science Rms | not present | / | N/A |
| 202 | Stainless Steel Sink undercoating | Nurse Station, Teachers Lounge, Rms 100, 103, 105-107 | good | / | N/A |
| 203 | Stainless Steel Sink undercoating | Library, Rms. 201-203 205-209 | good | / | N/A |
| 204 | Stage Curtains | Cafeteria | good | / | N/A |
| 205 | Cove base brown | Throughout school | good | / | N/A |
| 301 | HVAC Mastic- white | Electrical Room | not found | / | N/A |

* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 8-19-22 |
|---|---|-----------------|

LEA NAME: Brownsville ISD

SCHOOL NAME: Yturria E.S.

(Number ___ of ___, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|------------------------------------|--------------------------|-----------------|-----------------|-------------------|
| 302 | Fire proofing Yellow foam | Line Room | good | / | N/A |
| | Chalkboards Brown w/ white tops | Throughout Classrooms | good | / | N/A |
| | | | | | |
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* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 8-19-22 |
|---|---|-----------------|

LEA NAME:

Brownsville ISD

SCHOOL NAME:

Besteiro 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 |
|--------|-------------------------------|----------------------|-----------------|-----------------|-------------------|
| 300 | chalkboard master Black | Classrooms | good | | N/A |
| 301 | Lab Counter Tops - Black | Science Rooms | good | | N/A |
| 302 | Stage curtains Blue | Cafeteria | Damaged | | N/A |
| 303 | Cove base | Throughout School | good | | N/A |
| | | | | | |
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* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garner | Surveillance Inspector's Signature  | Date 8-19-22 |
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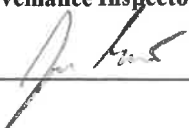
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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|-------------------------------|--------------------------|-----------------|-----------------|-------------------|
| 302 | Chalkboard Mastic Black | Throughout Classrooms | good | / | N/A |
| 303 | Lab Counter Top Black | Science Rooms | good | / | N/A |
| 304 | Stage Curtains | Cafeteria | good | / | N/A |
| 305 | Cave base Maroon | Throughout School | good | / | N/A |
| | | | | | |
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* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 8-19-22 |
|---|---|-----------------|

LEA NAME: Brownsville ISD

SCHOOL NAME: Garcia M.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|---------------------|----------------------|-----------------|----------------------|-------------------|
| 201 | Cove base Brown | Throughout school | good | damaged in Rm 105 | N/A |
| | | | | | |
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* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 8-19-22 |
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(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|-----------------------------------|-----------------------------|-----------------|-----------------|-------------------|
| 300 | chalkboard mastic | Band hall | not present | / | N/A |
| 301 | Stainless Steel sink undercoating | 1st and 2nd floor workrooms | good | / | N/A |
| 302 | Cove base Grey | Throughout School | good | / | N/A |
| 400 | Pipe insulation | Mechanical Room | good | / | N/A |
| 401 | Elbow, Fitting insulation | Mechanical Room | good | / | N/A |
| 402 | HVAC mastic grey | Mechanical Room | not found | / | N/A |

* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 8-19-22 |
|---|---|-----------------|

LEA NAME: Brownsville ISD

SCHOOL NAME: Manzano 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 |
|--------|--------------------------------------|------------------------------|-----------------|-----------------|-------------------|
| 201 | Lab counter tops Black | Science Labs | good | / | N/A |
| 202 | Stainless steel sink undercoating | office area, Nurse, Library, | good | / | N/A |
| 203 | Stage Curtains | Cafeteria | good | / | N/A |
| 204 | Cove base black | throughout building | good | / | N/A |
| 205 | Mirror mastic | Gym, Restrooms | good | / | N/A |
| 301 | Pipe Insulation | Mech. Room | good | / | N/A |

* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 8-23-22 |
|---|---|-----------------|

LEA NAME: Brownsville ISDSCHOOL NAME: Manzano 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 |
|--------|---------------------------|---------------------|-----------------|-----------------|-------------------|
| 302 | Elbow, Fitting insulation | Mech. Room | good | / | N/A |
| 303 | HVAC mastic white | Throughout Building | good | / | N/A |
| | | | | | |
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| | | | | | |
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* If no change in condition, write N/C

| | | |
|--|--|------------------------|
| Surveillance Inspector's Name <u>Sue Garcia</u> | Surveillance Inspector's Signature <u>[Signature]</u> | Date <u>8-23-22</u> |
|--|--|------------------------|

(Number ___ of ___, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|--|--|---------------------------------|-----------------|-------------------|
| | 1'x1' RFT Beige w/ grey & white specks | Wings 100, 200, 300 400, 101, 203, 301, 401 | Good | / | N/A |
| | Unknown mastic | | | | |
| | 1'x1' RFT Beige w/ grey & white specks | Cafeteria | Not present replaced | / | N/A |
| | | | With simulated wood flooring | | |
| | | | | | |
| | | | | | |

* If no change in condition, write N/C

| | | |
|---|--|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature <i>J. Garcia</i> | Date 8-23-22 |
|---|--|-----------------|

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|---------------------|-------------------|-----------------|-----------------|-------------------|
| 200 | chalk board mastic | Throughout school | good | / | N/A |
| 300 | HVAC mastic white | Throughout school | good | / | N/A |
| | | | | | |
| | | | | | |
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* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 8-23-22 |
|---|---|-----------------|

LEA NAME: Brownsville ISD

SCHOOL NAME: Stell M.S.

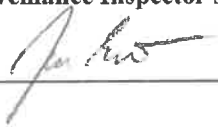
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AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| 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 under coating | Nurse, Lounge, Rms 13-24, 31-33, 52, 54, 60-63 | good | / | N/A |
| 203 | Stage curtains | Cafeteria | good | / | N/A |
| 204 | Cove base - brown | office, Rms 1-38, 51-65 | good | / | N/A |
| 205 | Mirror mastic black | Restrooms | good | / | N/A |
| 206 | Cove base - blue | cafeteria, gym, Rms 39-50 | good | / | N/A |

* If no change in condition, write N/C

| | | |
|--|---|-----------------|
| Surveillance Inspector's Name De Garcia | Surveillance Inspector's Signature  | Date 8-23-22 |
|--|---|-----------------|

LEA NAME: Brownsville ISD

SCHOOL NAME: Stell Middle School

(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 |
|--------|---|--|------------------------|-----------------|-------------------|
| 207 | Cove base Grey | Nurse | good | / | N/A |
| 208 | Cove base green | Rms 5101-5113 5202-5208 | good | / | N/A |
| 301 | Pipe insulation | Mechanical Am, Sanitors closet | damaged in meck Rm. | / | N/A |
| | Chalk boards green-w-white on top | Classrooms 19, 26, 27, 51, 57 | good | / | N/A |
| | 1'x1' Floor tile grey + white | Throughtout office Rms 51-65, 23-30 Hallways | good | / | N/A |
| | Cementous panels exterior | Rms 51-65, 30-50 | good | / | N/A |

* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 8-23-22 |
|---|---|-----------------|

LEA NAME: Brownsville ISD

SCHOOL NAME: Stillman 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 |
|--------|-----------------------------------|------------------------------------|-----------------|-----------------|-------------------|
| 201 | Lab counter tops Black | Science Rooms | good | / | N/A |
| 202 | Stainless steel sink undercoating | Rms E128, F101-F113 Gym, Room B111 | good | / | N/A |
| 203 | Stage Curtains | Cafeteria | good | / | N/A |
| 204 | Cove base Green | Hallway, classrooms, work room | good | / | N/A |
| 205 | Cove base green | Band Hall, Gym, Library, cafeteria | good | / | N/A |
| 206 | Mirror mirror | Dance Room | good | / | N/A |

* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 8-23-22 |
|---|---|-----------------|

LEA NAME: Brownsville ISD

SCHOOL NAME: Stillman 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 |
|--------|----------------------------|-----------------------------|-----------------|-----------------|-------------------|
| 207 | window chalk white | windows throughout building | good | / | N/A |
| 301 | Pipe insulation | pipe chase Room | good | / | N/A |
| 302 | Elbow, Fittings insulation | pipe chase Room | good | / | N/A |
| 303 | HVAC master white | Throughout buildings | good | / | N/A |
| | | | | | |
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* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 8-23-22 |
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(Number ___ of ___, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|----------------------------------|--|------------------------------------|-----------------|-------------------|
| 201 | Stage Curtains | cafeteria | good | / | N/A |
| 202 | Cove base Brown w/ yellow mastic | Through out school | Significantly damaged in cafeteria | / | N/A |
| | Chalk boards - green | Rms - 101, 102, 106, 205, 206, 203, 209, 300, 302, 306 | good | / | N/A |
| | 1x1 RPT - white w/ beige specks | Portables - #6 | good | / | N/A |
| | Chalk board - brown | Room 111 | good | / | N/A |
| | | | | | |

* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 8-73-22 |
|---|---|-----------------|

LEA NAME: Brownsville ISDSCHOOL NAME: CTE - 1905 E. 6th 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 |
|--------|---|------------------------------|-----------------|-----------------|-------------------|
| | CMU texture - multi-color | Unit F - CU1, CU2, CU3 | good | — | N/A |
| | RFT 1x1 beige w-ton grey, yellow and black mastic | Select floors of CU1 and CU2 | good | — | N/A |
| | RFT 1x1 - white w/ brown and black streaks, yellow/black mastic | CU2 | good | — | N/A |
| | RFT 1x1 white w/ Blue & pink streaks Yellow/Black mastic | Select floors of CU3 | good | — | N/A |
| | Ceramic tile - grout w/ residual black mastic | Restrooms of CU1, CU2, CU3 | good | — | N/A |
| | Ceramic tile - mortar w/ residual black mastic | Restrooms of CU1, CU2, CU3 | good | — | N/A |

* If no change in condition, write N/C

| | | |
|--|---|-------------------------|
| Surveillance Inspector's Name <u>Joe Garcia</u> | Surveillance Inspector's Signature  | Date <u>11-15-22</u> |
|--|---|-------------------------|

LEA NAME: Brownsville ISD

SCHOOL NAME: CTE

(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 |
|--------|--|----------------------------|-----------------|-----------------|-------------------|
| | HVAC Duct mastic - Black | Unit F - CU 2, CU 3 | good | / | N/A |
| | HVAC Duct mastic - white | Unit G - CU 1 | good | / | N/A |
| | Sink mastic - white | Unit G - CU 1 | good | / | N/A |
| | HVAC Duct mastic - white | Unit G - CU 5 | good | / | N/A |
| | RFT - Beige 1x1 Brown grey streaks yellow mastic over layer 2 1x1 white with yellow mastic | Unit G - Room #1 of CU 5 | good | / | N/A |
| | RFT - 1x1 Yellow with white streaks yellow mastic | Unit G - Office #1 of CU 5 | good | / | N/A |

* If no change in condition, write N/C

| | | |
|---|---|------------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 11-15-22 |
|---|---|------------------|

LEA NAME: Brownsville ISDSCHOOL NAME: CTE

(Number ___ of ___, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|----------------------|----------------|-----------------|-----------------|-------------------|
| | chalk board green | CUI, CU3 | good | / | N/A |
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* If no change in condition, write N/C

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|---|---|-------------------------|
| Surveillance Inspector's Name <u>Joe Garza</u> | Surveillance Inspector's Signature  | Date <u>11-15-22</u> |
|---|---|-------------------------|

LEA NAME: Brownsville ISD SCHOOL NAME: Brownsville Learning Academy

(Number ___ of ___, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|--|--|-----------------|-----------------|-------------------|
| | 1'x1' Floor tile - off white | Throughout classrooms, stage, offices, library | good | — | N/A |
| | Cementitious Panels - light gray | Classrooms - 13-16 | good | — | N/A |
| | Plaster - white | Interior walls of classrooms 31, 32, 37 | good | — | N/A |
| | Q19 RFT (not visible) under 1'x1' Floor tile | throughout classrooms stage, offices, library | good | — | N/A |
| | | | | | |
| | | | | | |

* If no change in condition, write N/C

| | | |
|--|--|-------------------------|
| Surveillance Inspector's Name <u>Joe Garcia</u> | Surveillance Inspector's Signature <u>[Signature]</u> | Date <u>11-15-22</u> |
|--|--|-------------------------|

LEA NAME: Browsville ISDSCHOOL NAME: Brownsville Early College H.S.

(Number ___ of ___, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|---------------------|-------------------|-----------------|-----------------|-------------------|
| 200 | Chalkboard mastic | Throughout School | good | / | N/A |
| 300 | Pipe insulation | throughout School | good | / | N/A |
| | | | | | |
| | | | | | |
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* If no change in condition, write N/C

| | | |
|--|--|------------------------|
| Surveillance Inspector's Name <u>Joe Garcia</u> | Surveillance Inspector's Signature <u>[Signature]</u> | Date <u>8-24-22</u> |
|--|--|------------------------|

LEA NAME: Brownsville ISDSCHOOL NAME: Rivera H.S.

(Number ___ of ___, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|-------------------------------|----------------------|-----------------|-----------------|-------------------|
| 300 | Chalkboard mastic Black | Classrooms | good | | N/A |
| 301 | Lab counter tops Black | Science wing | good | | N/A |
| 302 | Stage curtains | Theatre | good | | N/A |
| 303 | Cove base Black | Throughout school | good | | N/A |
| 400 | Pipe insulation | Mech. rooms | good | | N/A |
| 401 | Elbow, Fitting insulation | mech. rooms | good | | N/A |

* If no change in condition, write N/C

| | | |
|--|---|------------------------|
| Surveillance Inspector's Name <u>Joe Garcia</u> | Surveillance Inspector's Signature <u>Joe Garcia</u> | Date <u>8-24-22</u> |
|--|---|------------------------|

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|---------------------------------|-------------------|------------------------------|-----------------|-------------------|
| 301 | Chalk Board mask Black | Classrooms | good | / | N/A |
| 302 | Lab Counter tops Black | Science wing | Tables damaged in Rm C146 | / | N/A |
| 303 | Stage curtains | Auditorium | good | / | N/A |
| 304 | Cove Base Black | Throughout school | good | / | N/A |
| 400 | Pipe Insulation | Mechanical Room | good | / | N/A |
| 401 | Elbow Fittings Insulation | Mechanical Room | good | / | N/A |

* If no change in condition, write N/C

| | | |
|--|---|-----------------|
| Surveillance Inspector's Name Joe Baran | Surveillance Inspector's Signature  | Date 8-24-22 |
|--|---|-----------------|

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|--|--|-----------------|-----------------|-----------------------|
| 201 | Chalkboard mastic | Removed 2021 | Removed 2021 | / | Removed in 2021 |
| 202 | Cove base Brown | Throughout school | good | / | N/A |
| 300 | Pipe Insulation | Mechanical Room | good | / | N/A |
| | Linoleum sheet flooring under 1x1' RFT - mastic color unknown | Print shop | good | / | N/A |
| | Linoleum sheet flooring under 1x1' RFT | Main Bldg Hallways classrooms | good | / | N/A |
| | 1x1' RFT - white w/ Light Blue, Red, yellow | classrooms - 101, 102, 103, 105, 106, 108, 109 | good | / | N/A |

* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 8-24-22 |
|---|---|-----------------|

LEA NAME: Brownsville ISDSCHOOL NAME: Pace 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 |
|------------|---|---|-----------------|-----------------|-------------------|
| 201 | chalk board mastic - green | Hall B-H | good | / | N/A |
| 202 | Stainless Steel Sink Undercoating | Teachers lounge, Nurse, Halls C, G, H | good | / | N/A |
| 203 | Stage Curtains | Auditorium | good | / | N/A |
| 204 205 | Cove base - green | throughout School | good | / | N/A |
| 206 | Cove base - brown | B-Hall, C-hall | good | / | N/A |
| 207 | Cove base - black | Gym, D-Hall, F, H, K halls | good | / | N/A |

* If no change in condition, write N/C

| | | |
|--|--|------------------------|
| Surveillance Inspector's Name <u>Joe Garcia</u> | Surveillance Inspector's Signature <u>[Signature]</u> | Date <u>8-24-22</u> |
|--|--|------------------------|

LEA NAME: Brownsville ISD

SCHOOL NAME: Pace H.S.

(Number ___ of ___, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|--------------------------------|--|--------------------------|-----------------|-------------------|
| 301 | Pipe Insulation | Mech. Rm's, gym | good | / | N/A |
| 302 | Black foam insulation | Mech Rm's, gym | good | / | N/A |
| 303 | Elbow, Fitting insulation | Mech Rm's, gym | Damaged in mech. Rm A133 | / | N/A |
| 304 | HVAC mastic white | Mech Rm's, gym | good | / | N/A |
| 305 | Fireproofing gray | Electrical Room | good | / | N/A |
| | Cementitious panels grey/white | Foyer to Court yard Boys/girls Restroom | good | / | N/A |

* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 8-24-22 |
|---|---|-----------------|

(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 | Chalk Board main | Classrooms | Good | / | N/A |
| 301 | Lab counter tops black | Science Wing | Good | / | N/A |
| 302 | Stage Curtains | Auditorium | Good | / | N/A |
| 303 | Cone Base Black | Through out school | Good | / | N/A |
| 400 | Pipe Insulation | Mechanical Rooms | Good | / | N/A |
| 401 | Pipe Elbow Fitting and Insulation | Mechanical Rooms | Good | / | N/A |

* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 8-24-22 |
|---|---|-----------------|

LEA NAME: Brownsville ISDSCHOOL 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 |
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* If no change in condition, write N/C

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|--|---|------------------------|
| Surveillance Inspector's Name <u>Joe Garcia</u> | Surveillance Inspector's Signature  | Date <u>8-24-22</u> |
|--|---|------------------------|

LEA NAME: Brownsville ISD

SCHOOL NAME: Veterans 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 |
|--------|--------------------------------------|---|-----------------|-----------------|-------------------|
| 201 | Lab countertops Black | Science Labs | good | | N/A |
| 202 | Stainless steel Sink undercoating | Nurse, Library, CATE building, Cafeteria, B-Hall, C-Hall, Workroom | good | | N/A |
| 203 | Stage Curtains | Auditorium | good | | N/A |
| 204 | Cove base brown | Throughout school | good | | N/A |
| 205 | Mirror mastic yellow | choir hall, Dance room Nurse, Restrooms, cafeteria, CATE Bldg | good | | N/A |
| 206 | Cove base Blue | Gym | good | | N/A |

* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Jbc Garcia | Surveillance Inspector's Signature  | Date 8-24-22 |
|---|---|-----------------|

LEA NAME: Brownsville ISD

SCHOOL NAME: Veterans 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 |
|--------|-------------------------------|--|-----------------|-----------------|-------------------|
| 207 | Cove base Brown | Band hall | good | | N/A |
| 301 | Pipe insulation | Mech. Room, Boiler room, Theatre | good | | N/A |
| 302 | Elbow, Fittings Insulation | Mech. Room, Boiler Room | good | | N/A |
| 303 | HVAC mastic white | Throughout Building | Good | | N/A |
| 304 | Fireproofing grey | Mechanical room, Boiler room, Lecture hall | good | | N/A |
| | | | | | |

* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 8-24-22 |
|---|---|-----------------|

(Number ___ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|---------------------|-----------------------------------|---|-----------------|-----------------|-------------------|
| 201 | SS Sink Undercoating | T-200, S-100, S-200, M $\frac{1}{2}$ pods | Good | / | N/A |
| 202, 203, 204, 205, | Cove base Brown | Throughout school | Good | / | N/A |
| 206 | Cove base Yellow | T-100, T-200 | Good | / | N/A |
| 300 | Pipe Insulation chill line | Electrical room Main Building above ceiling | Good | / | N/A |
| 301 | HVAC white plastic | Gym, M-pod, Electrical Room | Good | / | N/A |
| | Chalk boards - green/white on top | Throughout classrooms of pods A, B, C, D | Good | / | N/A |

* If no change in condition, write N/C

| | | |
|---|--|-----------------|
| Surveillance Inspector's Name Joe Gonzalez | Surveillance Inspector's Signature <i>[Signature]</i> | Date 8-24-22 |
|---|--|-----------------|

LEA NAME: Brownsville ISDSCHOOL NAME: Hanna 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 |
|--------|--------------------------------------|------------------------------------|-----------------|-----------------|-------------------|
| | HVAC duct mastic - Black | Lobby, Cafeteria, Pod 1C | good | / | N/A |
| | Spray on ceiling texture white | East and West Hall Dome area | good | / | N/A |
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* If no change in condition, write N/C

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|--|--|------------------------|
| Surveillance Inspector's Name <u>Joe Garner</u> | Surveillance Inspector's Signature <u>[Signature]</u> | Date <u>8-24-22</u> |
|--|--|------------------------|

LEA NAME: Brownsville ISDSCHOOL NAME: BISD Administration Bldg.

(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 | Stainless Steel sink undercoating | Restrooms, Kitchen | not found porcelain sinks in Restrooms | / | N/A |
| 301 | Cove Base Brown | Throughout Building | good | / | N/A |
| 400 | Pipe Insulation | Mechanical Room | good | / | N/A |
| | | | | | |
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* If no change in condition, write N/C

| | | |
|--|--|------------------------|
| Surveillance Inspector's Name <u>Joe Garcia</u> | Surveillance Inspector's Signature <u>[Signature]</u> | Date <u>9-15-22</u> |
|--|--|------------------------|

LEA NAME: Brownsville ISDSCHOOL NAME: BISD Academic Center

(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 |
|--------|---------------------|------------------------|-----------------|-----------------|-------------------|
| 301 | Cave Base Maroon | Throughout Building | good | / | N/A |
| | | | | | |
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* If no change in condition, write N/C

| | | |
|--|--|------------------------|
| Surveillance Inspector's Name <u>Joe Garcia</u> | Surveillance Inspector's Signature <u>[Signature]</u> | Date <u>9-15-22</u> |
|--|--|------------------------|

LEA NAME: Browsville ISDSCHOOL NAME: Central Admin. Bldg.

(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 | Cove base Brown | Throughout Buildings | good | / | N/A |
| 401 | Pipe Insulation | Mechanical Room | Good | / | N/A |
| | | | | | |
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* If no change in condition, write N/C

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|--|---|------------------------|
| Surveillance Inspector's Name <u>Jac Garcia</u> | Surveillance Inspector's Signature <u>Jac Garcia</u> | Date <u>9-15-22</u> |
|--|---|------------------------|

LEA NAME: Brownsville ISDSCHOOL NAME: M.M. Clark Aquatic Center

(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 | Cove Base grey | Offices & classrooms | good | / | N/A |
| 1101 | Pipe Insulation | Boiler Room | damaged pipe insulation East wall area | / | N/A |
| 1102 | Elbow, Fittings Insulation | Boiler Room | damaged Elbow insulation SWC area | / | N/A |
| | | | | | |
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* If no change in condition, write N/C

| | | |
|--|---|------------------------|
| Surveillance Inspector's Name <u>Joe Garcia</u> | Surveillance Inspector's Signature  | Date <u>9-15-22</u> |
|--|---|------------------------|

LEA NAME: Brownsville ISD

SCHOOL NAME: Special Services

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| 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 | good | / | N/A |
| | | | | | |
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* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 9-15-22 |
|---|---|-----------------|

LEA NAME: Brownsville ISDSCHOOL NAME: Food Services Bldg.

(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 |
|--------|---------------------------|-----------------|-----------------|-----------------|-------------------|
| 301 | Pipe Insulation | Mechanical Room | good | / | N/A |
| 302 | Elbow, Fitting Insulation | Mechanical Room | good | / | N/A |
| | | | | | |
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* If no change in condition, write N/C

| | | |
|--|---|------------------------|
| Surveillance Inspector's Name <u>Joe Garcia</u> | Surveillance Inspector's Signature  | Date <u>9-15-22</u> |
|--|---|------------------------|

LEA NAME:

BISD

SCHOOL NAME:

Aiken E.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|--------------------------|---------------------------------|-----------------|-----------------|-------------------|
| | Stage curtains | Cafeteria | Good | / | N/A |
| | TSI pipe insulation | Above ceiling throughout school | Good | / | N/A |
| | HVAC Duct mastic - grey | Throughout school | Good | / | N/A |
| | HVAC Duct mastic - white | Chiller room | Good | / | N/A |
| | Sink undercoating | 1st and 2nd floor classrooms | Good | / | N/A |
| | Base brown | Throughout school | Good | / | N/A |

* If no change in condition, write N/C

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

LEA NAME:

BISD

SCHOOL NAME:

Aiken 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 |
|--------|----------------------------|----------------|-----------------|-----------------|-------------------|
| | Black foam pipe insulation | chiller room | good | / | NA |
| | | | | | |
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* If no change in condition, write N/C

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

LEA NAME:

BISD

SCHOOL NAME:

Benauides 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 | Fire proofing pink foam insulation | Electrical Room | not found | | N/A |
| 202 | Stainless steel sink undercoating | Nurse, office, Rms 100-121 | good | | N/A |
| 703 | Cove base brown | Library, HUB Room, office, cafeteria | good | Slight damage at office entrance | N/A |
| 704 | Mirror mastic | Restrooms | good | | N/A |
| 705 | Cove base black | classrooms, Nurse | good | | N/A |
| 301 | Pipe insulation w/white mastic | Janitor closet | not found | | N/A |

* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 1-20-23 |
|---|---|-----------------|

LEA NAME:

BISD

SCHOOL NAME:

Breedon 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 | Sink Undercoating | Nurses of Aice | good | / | N/A |
| 301 | Mirror mastic | Restrooms in F wing A wing D wing | good | / | N/A |
| 400 | HVAC mastic | Mechanical Rms. in F, A, D wings | good | / | N/A |
| | | | | | |
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* If no change in condition, write N/C

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

LEA NAME: BISO

SCHOOL NAME: Brite 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 | 12x12 RFT white w/ speckles | Main office, Classrooms | / | good | N/A |
| 102 | 12x12 RFT multi-color | 100 wing, Cafeteria, Stage | / | good | N/A |
| 302 | Cove base Blue w/ brown marbling | Throughout School | Overall good | damaged Cafeteria Jan 11/2011 CC | N/A |
| | | | | | |
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* If no change in condition, write N/C

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

LEA NAME: BISH

SCHOOL NAME: Burns 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 |
|--------|---|--------------------------|-----------------|-----------------|-------------------|
| 103 | 12x12 RFT white w/ brown specks | Rm 805 Rm. 605 | good | / | N/A |
| 300 | sink undercoating | classrooms | good | / | N/A |
| 301 | stage curtains Blue | Cafeteria | good | / | N/A |
| 302 | Cove base | Throughout school | good | / | N/A |
| | 1x1 RFT white w/ blue specks | Rm 601 B | damaged | / | N/A |
| | chalk boards green w/ white boards on top | Throughout classrooms | good | / | N/A |

* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature <i>Joe Garcia</i> | Date 1-30-73 |
|---|---|-----------------|

LEA NAME:

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 white & grey | Throughout building | good | / | N/A |
| | | | | | |
| | | | | | |
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* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 1-26-23 |
|---|---|-----------------|

LEA NAME: BISDSCHOOL NAME: Canales 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 |
|--------|-----------------------------------|-----------------------|------------------------------|------------------------------|-------------------|
| | Cove base | Throughout School | Significantly damaged in gym | Renovation being done in gym | N/A |
| | Chalkboards w/white boards on top | Throughout classrooms | Good | | N/A |
| | | | | | |
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* If no change in condition, write N/C

| | | |
|--|--|------------------------|
| Surveillance Inspector's Name <u>Joc Garcia</u> | Surveillance Inspector's Signature <u>[Signature]</u> | Date <u>1-26-73</u> |
|--|--|------------------------|

LEA NAME: BISO

SCHOOL NAME: Champion E.S.

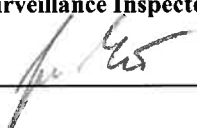
(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|---------------------|--------------------|-----------------|-----------------|-------------------|
| 300 | HVAC mastic grey | Through out School | good | | N/A |
| | | | | | |
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* If no change in condition, write N/C

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

LEA NAME: BISPSCHOOL NAME: Cromack 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 |
|--------|---|--------------------------|-----------------|-----------------|-------------------|
| 002 | 12x12 RFT - Brown w/tan streaks, Black mastic | Gym | damaged | / | N/A |
| 300 | HVAC mastic white | Throughout building | good | / | N/A |
| 200 | chalk board green w/white board on top | Throughout classrooms | good | / | N/A |
| | compound chalky board | not found | N/A | / | N/A |
| | | | | | |
| | | | | | |

* If no change in condition, write N/C

| | | |
|--|---|------------------------|
| Surveillance Inspector's Name <u>Joe Garcia</u> | Surveillance Inspector's Signature <u>Joe Garcia</u> | Date <u>1-26-23</u> |
|--|---|------------------------|

LEA NAME: BISDSCHOOL NAME: Del Castillo 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 | chalkboard Black mastic | Rooms 204-210 | good | / | N/A |
| 300 | HVAC mastic white | Throughout building | Good | / | N/A |
| | HVAC mastic grey | Mech. Room gym | good | / | N/A |
| | chalk boards green w/ white boards on top | Throughout classrooms | good | / | N/A |
| | 1x1 RFT beige w/ black mastic | Undercarpet in teachers work room | good | / | N/A |
| | | | | | |

* If no change in condition, write N/C

| | | |
|--|--|------------------------|
| Surveillance Inspector's Name <u>Joe Garcia</u> | Surveillance Inspector's Signature <u>[Signature]</u> | Date <u>1-27-73</u> |
|--|--|------------------------|

LEA NAME: BIRD

SCHOOL NAME: Egly 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 | Chalkboards green | Classrooms throughout building | good | / | N/A |
| 301 | Sink undercoating | Teacher work room | good | / | N/A |
| 302 | Stage curtains maroon | Cafeteria | good | / | N/A |
| 303 | Cove base Tan w/ brown mastic | Throughout classrooms | good | / | N/A |
| 400 | HVAC nestle white | Cafeteria | good | / | N/A |
| | | | | | |

* If no change in condition, write N/C

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

LEA NAME:

BISD

SCHOOL NAME:

El Jardin E.S.

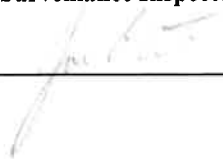
(Number __ of __, make copies as necessary)

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 |
|--------|--|--------------------------------|-------------------------------------|-----------------|-------------------|
| 300 | chalkboard mastic Black | Rm 103 Rm 500 | good | / | N/A |
| 301 | Sink undercoating | Rm 216 103 106 | Good | / | N/A |
| 302 | Stage Curtains | Auditorium | good | / | N/A |
| 303 | Car base brown w/ yellow mastic | throughout School | damaged in principal's office | / | N/A |
| 1100 | HVAC mastic white | mech room in office area | Good | / | N/A |
| 100 | 12x12 RFT off white w/ grey speckles | Through out School | good | / | N/A |

* If no change in condition, write N/C

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

LEA NAME:

BISD

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 | 12x12 RFT grey | 200 wing | damaged Rm 208 | | N/A |
| 102 | 12x12 RFT multi-color | 600 wing hallway main office area | good | | N/A |
| 103 | 12x12 RFT Beige | Cafeteria, kitchen office, storage room | good | | N/A |
| 104 | 12x12 RFT Beige & grey | classrooms 601 - 612 | Good | | N/A |
| | | | | | |
| | | | | | |

* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Soc Garcia | Surveillance Inspector's Signature  | Date 1-31-23 |
|---|---|-----------------|

983-2281

Juan Barreras
Head cust.

LEA NAME: BISDSCHOOL NAME: Gallegos 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 |
|--------|--|-------------------------|-----------------|-----------------|-------------------|
| 102 | Carpet mastic | Stage Area | good | / | N/A |
| 300 | Stage curtains Red | Cafeteria | good | / | N/A |
| 301 | Cove base mastic | Throughout building | good | / | N/A |
| 400 | HVAC mastic grey | Throughout building | good | / | N/A |
| 401 | Fire proofing spray on insulation grey | Above suspended ceiling | good | / | N/A |
| | | | | | |

* If no change in condition, write N/C

| | | |
|--|--|------------------------|
| Surveillance Inspector's Name <u>Joe Garcia</u> | Surveillance Inspector's Signature <u>[Signature]</u> | Date <u>1-30-23</u> |
|--|--|------------------------|

LEA NAME: B1SD

SCHOOL NAME: Garden Park 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 |
|--------|--|----------------------|-----------------|-----------------|-------------------|
| 006 | white vinyl floor w/mastic | Prek - 1st grade Rms | not found | | |
| 202 | 4'x6' white & brown fiber board | Rms 303, 304, 305 | good | | |
| 300 | HVAC Mastic white | Throughout school | good | | |
| | 1x1 RFT- white w/grey streaks black mastic | Rms 303, 304, 305 | good | | |
| | | | | | |
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* If no change in condition, write N/C

| | | |
|--|---|-----------------|
| Surveillance Inspector's Name Joe Garza | Surveillance Inspector's Signature  | Date 1-20-23 |
|--|---|-----------------|

LEA NAME:

BISD

SCHOOL NAME:

Garza E.S.

(Number ___ of ___, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|----------------------------------|------------------------------------|-----------------|-----------------|-------------------|
| 200 | chalk board mastic | Rms 1104, 1105, 301 | good | / | N/A |
| 300 | HVAC Mastic grey | Mech. Rm gym | good | / | N/A |
| | 1x1 RFT - light grey | Rms. 606, 604, 305, 1104, 301, 103 | good | / | N/A |
| | 1x1 RFT - beige w/ reddish white | Rms. 58, 66, 68, 69 | good | / | N/A |
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* If no change in condition, write N/C

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

LEA NAME: BISDSCHOOL NAME: Gonzalez 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 | Stink Undercoating | 106, 108, 110 114, Parent Center | good | / | N/A |
| 301 | Stage Curtains | Cafeteria | good | / | N/A |
| 302 | Cave base Dark Brown | Throughout school | good | / | N/A |
| | Cave base light brown | Rm 311 | significantly damaged | / | N/A |
| | Chalkboards glaze w/ white board on top | Throughout classrooms | good | / | N/A |
| | | | | | |

* If no change in condition, write N/C

| | | |
|--|--|------------------------|
| Surveillance Inspector's Name <u>Joe Garcia</u> | Surveillance Inspector's Signature <u>[Signature]</u> | Date <u>1-31-73</u> |
|--|--|------------------------|

LEA NAME:

BISD

SCHOOL NAME:

Hudson 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 | Sink undercoating | 100 wing classrooms | good | / | N/A |
| 301 | Stage curtains green | Cafeteria | good | / | N/A |
| 200 | 2x2 SACT Holes small white | Throughout building | good | / | N/A |
| | | | | | |
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* If no change in condition, write N/C

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

LEA NAME:

BISD

SCHOOL NAME:

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.

| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|---------------------------|--|-----------------|-----------------|-------------------|
| 202 | Sink undercoating | Nurse Teachers Lounge | good | / | N/A |
| 203 | Mirror mastic | Pre K - kinder classroom restrooms | good | / | N/A |
| 204 | Cove base blue | Cafeteria, office, lounge, hallway, classrooms | good | / | N/A |
| 205 | Cove base brown | library | good | / | N/A |
| 301 | Pipe insulation | Mech. rooms | good | / | N/A |
| 302 | Elbow fittings insulation | Mech. rooms | good | / | N/A |

* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 1-18-23 |
|---|---|-----------------|

LEA NAME: B1SD

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 | HVAC mastic white | HVAC Mech. Room | good | | N/A |
| | | | | | |
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* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature <i>Joe Garcia</i> | Date 1-18-23 |
|---|---|-----------------|

LEA NAME: BISO

SCHOOL NAME: Longoria E.S.

(Number ___ of ___, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|--|----------------------|-----------------|------------------|-------------------|
| 201 | Chalkboard mastic Black or Green | classrooms | Good | / | N/A |
| 202 | Couchbase Brown | Throughout School | Damaged | Rm 15 damaged | N/A |
| | 1X1 RFT - white w/ grey streaks Black mastic | Classrooms 32-38 | Good | / | N/A |
| | | | | | |
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* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 1-25-23 |
|---|---|-----------------|

LEA NAME:

BISD

SCHOOL NAME:

Martin E.S.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|---------------------|-------------------------------------|-----------------|-----------------|-------------------|
| 201 | Smile undercoating | Nurse, Rms 31-40 Art rm., Lounge | good | / | N/A |
| 202 | stage curtains | Cafeteria | good | / | N/A |
| 203 | Cove base | Cafeteria, classrooms, gym | good | / | N/A |
| 204 | mirror mastic | Rms 31-40 | good | / | N/A |
| 205 | cove base grey | Office, nurse, lounge | good | / | N/A |
| 206 | cove base green | music/art rms., Hallways | good | / | N/A |

* If no change in condition, write N/C

| | | |
|---|--|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature <i>[Signature]</i> | Date 1-24-23 |
|---|--|-----------------|

LEA NAME:

BISD

SCHOOL NAME:

Martin 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 |
|--------|---|------------------------------|-----------------|-----------------|-------------------|
| 301 | HVAC mastic grey | HVAC mech. room near library | good | / | N/A |
| 403 | wood wall panel | gym | good | / | N/A |
| 105 | White fiber board ceiling panel | Rms 31-33 storage | good | / | N/A |
| | chalk boards green w/white board on top | Through out classrooms | good | / | N/A |
| | | | | / | |
| | | | | | |

* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 1-24-23 |
|---|---|-----------------|

LEA NAME: BUSD

SCHOOL NAME: Morningside 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 White | Mech. Room | good | | N/A |
| | | | | | |
| | | | | | |
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* If no change in condition, write N/C

| | | |
|--|--|------------------------|
| Surveillance Inspector's Name <u>Joe Garcia</u> | Surveillance Inspector's Signature <u>[Signature]</u> | Date <u>1-23-23</u> |
|--|--|------------------------|

LEA NAME:

BISD

SCHOOL NAME:

Ortiz 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 |
|--------|----------------------|------------------------------|-----------------|-----------------|-------------------|
| 202 | Sink undercoating | Nurse, lounge, Library | good | / | N/A |
| 203 | Stage curtains | Cafeteria | good | / | N/A |
| 204 | Cove base Brown | Throughout building | good | / | N/A |
| 205 | Mirror Mastic | Restrooms, gym, Cafeteria | good | / | N/A |
| 206 | Cove base blue | Cafeteria, dry storage | good | / | N/A |
| 301 | Pipe insulation | Mech Room | good | / | N/A |

* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 1-18-73 |
|---|---|-----------------|

LEA NAME: B ISD

SCHOOL NAME: Ortiz 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 insulation | Mech Room | good | / | N/A |
| * 303 | Pipe insulation black foam | Mech Room | good | / | N/A |
| 304 | Fire proofing pink foam | Janitor closet | good | / | N/A |
| 003 | Carpet mastic (blue) | office and stage area | good | / | N/A |
| | | | | | |
| | | | | | |

* If no change in condition, write N/C

| | | |
|---|--|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature <i>[Signature]</i> | Date 1-18-23 |
|---|--|-----------------|

LEA NAME:

BISD

SCHOOL NAME:

Palm Grove 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 | chalkboard mastic | Rm B-12 | good | | N/A |
| 301 | Sink undercoating BLK & white | Teachers lounge, Rm B-12 | good | | N/A |
| 302 | Stage Curtains | Cafeteria | good | | N/A |
| 303 | Cove base | Throughout School | good | | N/A |
| 1100 | HVAC mastic white & grey | Mech. Room Gym | good | | N/A |
| | | | | | |

* If no change in condition, write N/C

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

LEA NAME: BISO

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 |
|--------|--|---------------------------------|-----------------|-----------------|-------------------|
| 105 | Sheet flooring w/mastic white w/tan pebble | Kitchen | good | / | N/A |
| 300 | Sink undercoating | Art classroom, Front classrooms | good | / | N/A |
| 301 | Stage curtains Blue | Cafeteria | good | / | N/A |
| 302 | Cove base | Throughout School | good | / | N/A |
| 303 | Mirror mastic | Restrooms | good | / | N/A |
| 400 | HVAC Duct mastic Black | Throughout school | good | / | N/A |

* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature <i>Joe Garcia</i> | Date 1-31-73 |
|---|---|-----------------|

LEA NAME:

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 | Fire proofing black green mastic | Above ceiling top of walls | good | / | N/A |
| | | | | | |
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* If no change in condition, write N/C

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

LEA NAME: BISDSCHOOL NAME: Pena 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 |
|--------|---------------------|---|-----------------|-----------------|-------------------|
| 201 | Sink undercoating | Nurse station, Teachers lounge, Rms. 119 & 126 | good | / | N/A |
| 202 | Stage curtains | Cafeteria | good | / | N/A |
| 203 | Mirror mastic | Restrooms, Nurse station | good | / | N/A |
| 204 | Cove base orange | Nurse Station | good | / | N/A |
| 205 | cove base brown | Classrooms in P, E, F, G wings gym, electrical room | good | / | N/A |
| 206 | Cove base grey | Library | good | / | N/A |

* If no change in condition, write N/C

| | | |
|--|--|------------------------|
| Surveillance Inspector's Name <u>Joe Garcia</u> | Surveillance Inspector's Signature <u>[Signature]</u> | Date <u>1-30-23</u> |
|--|--|------------------------|

LEA NAME:

BISD

SCHOOL NAME:

Pena 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 |
|--------|-------------------------|-----------------|-----------------|-----------------|-------------------|
| 301 | Pipe insulation TSI | Electrical room | good | / | N/A |
| 302 | Pipe elbow fitting TSI | Electrical room | good | / | N/A |
| 303 | HVAC mastix white | Electrical room | good | / | N/A |
| 304 | Water heater insulation | Electrical room | good | / | N/A |
| | | | | | |
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* If no change in condition, write N/C

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

LEA NAME:

BISD

SCHOOL NAME:

Perez 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 |
|--------|-------------------------------------|--|-----------------|-----------------|-------------------|
| 301 | Chalk board mastic | Classrooms | good | / | N/A |
| 302 | Stage curtains | Cafeteria | good | / | N/A |
| 303 | Cove base brown | Throughout School | good | / | N/A |
| 400 | pipe insulation | Mechanical room | good | / | N/A |
| | 1x1 RFT - Tan/white | Rms. 105, 106, 205 | good | / | N/A |
| | 1x1 RFT - Red/white w/ blue streaks | Cafeteria - encapsulated under new floor | good | / | N/A |

* If no change in condition, write N/C

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

LEA NAME:

BISD

SCHOOL NAME:

Perez 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 |
|--------|-------------------------------------|--------------------|-----------------|-----------------|-------------------|
| | 1x1 RFT- white w/tan & green specks | portables 110, 111 | good | / | N/A |
| | HVAC Duct mastic - black | main office area | good | / | N/A |
| | | | | | |
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* If no change in condition, write N/C

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

LEA NAME:

BISD

SCHOOL NAME:

Pullam 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 | 2'x2' SACT Pin holes & fissures | Throughout building | good | / | N/A |
| 202 | Stainless steel sink under coating | Nurse, Lounge, Rms 601, 602, 501-518 | Good | / | N/A |
| 203 | Stage curtains | Cafeteria | good | / | N/A |
| 204 | Cove base gray | Throughout building | good | / | N/A |
| 205 | Mirror mastic | Throughout building | good | / | N/A |
| 301 | Pipe TSI 1/2 white mastic | mech. Room Electric Room | good | / | N/A |

* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 1-18-23 |
|---|---|-----------------|

LEA NAME: BISDSCHOOL NAME: Pullman 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 TSE | Mech. Room | good | / | N/A |
| 303 | HVAC mastic white | Mech. Room | good | / | N/A |
| | | | | | |
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* If no change in condition, write N/C

| | | |
|--|---|------------------------|
| Surveillance Inspector's Name <u>Joe Garcia</u> | Surveillance Inspector's Signature <u>Joe Garcia</u> | Date <u>1-18-23</u> |
|--|---|------------------------|

LEA NAME:

BISD

SCHOOL NAME:

Putegnat 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 | 18" x 18" ceiling tile + mastic | Main office area | good | / | N/A |
| 400 | HVAC mastic white | 500 building storage closet | good | / | N/A |
| | chalk boards - green w/white boards on top | Throughout classrooms | good | / | N/A |
| | recreational panels - white paint | Building 12 - Rms 300-303 | good | / | N/A |
| | | | | | |
| | | | | | |

* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature <i>Joe Garcia</i> | Date 1-25-23 |
|---|---|-----------------|

LEA NAME: BISDSCHOOL NAME: Resaca 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 |
|--------|---------------------------------------|----------------------------|-----------------|-----------------|-------------------|
| 301 | cove base Brown | Throughout School | Removed | | |
| | cove base grey | classrooms | Good | | N/A |
| | 1x1 RFT-tan/ white Black mastic | Sanitor Supply Room 433 | Removed | | |
| | 1x1 RFT-white/ grey | Main Bldg. office area | Removed | | |
| | | | | | |
| | | | | | |

* If no change in condition, write N/C

| | | |
|--|---|------------------------|
| Surveillance Inspector's Name <u>Joe Garcia</u> | Surveillance Inspector's Signature <u>Joe Garcia</u> | Date <u>1-25-73</u> |
|--|---|------------------------|

LEA NAME:

BISD

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 |
|--------|--|--|-----------------|-----------------|-------------------|
| 102 | 2x4 SACT white w/pinholes + fissures | Buildings B, C, E, F, G, and under | Good | | N/A |
| 103 | 4x6 white fiber board ceiling panel | Building E | good | | N/A |
| | 9" RFT-grey | classroom 1-C | good | | N/A |
| | 1x1 RFT-grey, beige, white | Rm 2-C, 3-C | good | | N/A |
| | 1x1 RFT-white w/ brown tan specks | Cafeteria | Good | | N/A |
| | chalkboards green | Throughout classrooms | Good | | N/A |

* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 1-24-23 |
|---|---|-----------------|

LEA NAME: BISO

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 |
|--------|-----------------------|-------------------|-----------------|-----------------|-------------------|
| | Cementous panels grey | Building C canopy | good | / | N/A |
| | | | | | |
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* If no change in condition, write N/C

| Surveillance Inspector's Name | Surveillance Inspector's Signature | Date |
|-------------------------------|---|---------|
| Joe Garcia |  | 1-24-23 |

LEA NAME:

BISD

SCHOOL NAME:

Sharp 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 |
|--------|--|---|-----------------|-----------------|-------------------|
| 007 | 12x12 RFT white w/ Brown streaks | Pre K $\frac{1}{2}$ 1st grade hallway + classrooms | good | / | N/A |
| 200 | Sink under counters | Pre K $\frac{1}{2}$ 1st grade classrooms | good | / | N/A |
| 300 | HVAC mastic white | Rm 2 storage room | good | / | N/A |
| | 1x1 RFT - Tan w/ Brown | Main Bldg 1 Rms - 3, 10, 11, 30, 32, 35, 29, 26 | good | / | N/A |
| | | | | | |
| | | | | | |

* If no change in condition, write N/C

| | | |
|---|--|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature <i>[Signature]</i> | Date 1-24-23 |
|---|--|-----------------|

LEA NAME: B1SD

SCHOOL NAME: Skinner 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 |
|--------|---|--------------------------|-----------------|-----------------|-------------------|
| 100 | 12x12 SACT ^{white} w/pinholes | Office area Cafeteria | good | / | N/A |
| 103 | 4x6 ceiling fiberboard | Building E | good | / | N/A |
| 200 | HVAC mastic white | Throughout School | good | / | N/A |
| | | | | | |
| | | | | | |
| | | | | | |

* If no change in condition, write N/C

| | | |
|--|---|-----------------|
| Surveillance Inspector's Name Joe Garza | Surveillance Inspector's Signature  | Date 1-25-23 |
|--|---|-----------------|

LEA NAME: BISDSCHOOL NAME: Southwest 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 | Chalkboard | | good | / | N/A |
| 201 | Stage Curtains | Cafe terrace | good | / | N/A |
| 202 | Cove base brown | Throughout School | good | / | N/A |
| 300 | HVAC mastic duct | Mechanical 3 Custodian's Rm in Admin Bldg | good | / | N/A |
| | pipe TSI | Custodian Rm of Admin Bldg | damaged | / | N/A |
| | | | | | |

* If no change in condition, write N/C

| | | |
|--|--|------------------------|
| Surveillance Inspector's Name <u>Joe Garcia</u> | Surveillance Inspector's Signature <u>[Signature]</u> | Date <u>1-30-23</u> |
|--|--|------------------------|

LEA NAME:

BISA

SCHOOL NAME:

Vermillion 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 | Acoustical panels | Throughout classroom, cafeteria, lounge | good | | N/A |
| 300 | Chalk board mastic | classrooms | good | | N/A |
| 302 | Stage Curtains | Cafeteria | good | | N/A |
| 303 | Cove base brown | Throughout school | good | | N/A |
| 400 | HVAC mastic white | Classrooms | Good | | N/A |
| 500 | Sheet rock & joint compound | 400 A & B Counselors office | good | | N/A |

* If no change in condition, write N/C

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

LEA NAME: BISO

SCHOOL NAME: Vermillion 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 |
|--------|---------------------|--|-----------------|-----------------|-------------------|
| 1011 | 12x12 RFT Beige | Rms 600, 700, 100, 300, 400, 500 | good | | N/A |
| | | | | | |
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* If no change in condition, write N/C

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

LEA NAME:

BISD

SCHOOL NAME:

Victoria Heights 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 | 12x12 RFT w/mafic white | office, hallway, classrooms | good | / | N/A |
| 200 | 2x11 SACT white w/pink tiles & floors | Throughout school | good | / | N/A |
| 301 | Chalk board mafic Black or Green | classrooms | good | / | N/A |
| 302 | Cove base brown | Throughout school | good | / | N/A |
| 400 | Sheet rock and joint compound | Throughout school | good | / | N/A |
| | | | | | |

* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Sic Garcia | Surveillance Inspector's Signature  | Date 1-77-23 |
|---|---|-----------------|

LEA NAME: Brownsville ISDSCHOOL 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 |
|-------------------|---------------------------------|---|-----------------|-----------------|-------------------|
| 201 | SS Sink undercoating | Nurse, teacher lounge Pre-k and kinder classrooms | Good | / | N/A |
| 202 | Stage curtains | Cafeteria | N/A | / | N/A |
| 203 204 207 | Cove base Brown | office area, cafeteria, gym, nurse supply room | Good | / | N/A |
| 205 | Cove base Blue | Pre-K, kinder 3rd-5th classrooms Library | Good | / | N/A |
| 206 | Mirror mastic | Restrooms | Good | / | N/A |
| 301 | Pipe insulation white mastic | Sanitor closet mech. Room | good | / | N/A |

* If no change in condition, write N/C

| | | |
|--|--|------------------------|
| Surveillance Inspector's Name <u>Joe Garcia</u> | Surveillance Inspector's Signature <u>[Signature]</u> | Date <u>1-17-23</u> |
|--|--|------------------------|

LEA NAME: Brownsville ISDSCHOOL 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 |
|--------|---------------------|---------------------|-----------------|-----------------|-------------------|
| | cementitious panels | Classrooms 1, 2, 38 | good | | N/A |
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* If no change in condition, write N/C

| | | |
|--|---|------------------------|
| Surveillance Inspector's Name <u>Joe Garcia</u> | Surveillance Inspector's Signature <u>Joe Garcia</u> | Date <u>1-17-23</u> |
|--|---|------------------------|

LEA NAME: BISDSCHOOL NAME: Yturria 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 |
|--------|-----------------------------------|---|-----------------|-----------------|-------------------|
| 202 | Stainless steel Sink undercoating | Nurse Station, Teachers lounge, Rms 100, 103, 105-107 | good | / | N/A |
| 203 | Stainless steel Sink undercoating | Library, Rm 205-209 | good | / | N/A |
| 204 | Stage Curtains | Cafeteria | good | / | N/A |
| 205 | Cove base brown | Throughout school | good | / | N/A |
| 301 | HVAC Mastic white | Throughout school | good | / | N/A |
| 302 | Fire proofing yellow foam | Line Room | good | / | N/A |

* If no change in condition, write N/C

| | | |
|--|--|------------------------|
| Surveillance Inspector's Name <u>Joe Garcia</u> | Surveillance Inspector's Signature <u>[Signature]</u> | Date <u>1-17-23</u> |
|--|--|------------------------|

LEA NAME:

BISD

SCHOOL NAME:

Yturria 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 |
|--------|---------------------------------------|--------------------------|-----------------|-----------------|-------------------|
| | Chalkboards Brown w/ white tops | Throughout classrooms | good | / | N/A |
| | | | | | |
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* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 1-17-23 |
|---|---|-----------------|

LEA NAME:

BISD

SCHOOL NAME:

Bestorio 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 |
|--------|---------------------------------|----------------------|--------------------------|-----------------|-------------------|
| 300 | Chalkboard mustache Black | Classrooms | Good | / | N/A |
| 301 | Lab counter tops Black | Science Rooms | Good | / | N/A |
| 302 | Stage Curtains Blue | Cafeteria | Significantly damaged | / | N/A |
| 303 | Cove base | Throughout school | Good | / | N/A |
| | | | | | |
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* If no change in condition, write N/C

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

LEA NAME:

BISD

SCHOOL NAME:

Brownsville Learning Academy

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 |
|--------|--|--|-----------------|-----------------|-------------------|
| | 1x1 Floor tile - off white | throughout classrooms, stage, offices, library | good | / | N/A |
| | Cementitious Panels - light gray | Classrooms 13-16 | good | / | N/A |
| | Plaster - white | Interior walls of Rms 31, 32, 37 | good | / | N/A |
| | 1x9 RFT (not visible) under 1x1 floor tile | Throughout classrooms, stage, office, library | good | / | N/A |
| | | | | | |
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* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 1-24-23 |
|---|---|-----------------|

LEA NAME: BISD

SCHOOL NAME: CTE - 1905 E. 6th 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 |
|--------|--|----------------------------|-----------------|-----------------|-------------------|
| | cmu texture - multi-color | Unit F - CU1, CU2, CU3 | good | / | N/A |
| | RFT 1x1 beige w/ tan, grey, yellow and black mastic | Select floors of CU1, CU2 | good | / | N/A |
| | RFT 1x1 - white w/ brown and black streaks, yellow, black mastic | CU2 | good | / | N/A |
| | RFT 1x1 white w/ blue & pink streaks, yellow, black mastic | Select floors CU3 | good | / | N/A |
| | Ceramic tile - grout w/ residual black mastic | Restrooms of CU1, CU2, CU3 | good | / | N/A |
| | Ceramic tile - mortar w/ residual black mastic | Restrooms of CU1, CU2, CU3 | good | / | N/A |

* If no change in condition, write N/C

| | | |
|--|--|------------------------|
| Surveillance Inspector's Name <u>Joe Garcia</u> | Surveillance Inspector's Signature <u>[Signature]</u> | Date <u>1-24-23</u> |
|--|--|------------------------|

LEA NAME: BUSD SCHOOL NAME: CTE 1905 E. 6th 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 |
|--------|--|---------------------------|-----------------|-----------------|-------------------|
| | HVAC Duct mastic - Black | Unit F - CU2, CU3 | good | / | N/A |
| | HVAC Duct mastic - white | Unit G - CU4 | good | / | N/A |
| | Sink undercoating | Unit G - CU4 | good | / | N/A |
| | HVAC Duct mastic - white | Unit G - CU5 | good | / | N/A |
| | RFT - Beige 1x1 Brown grey streaks over layer 2 1x1 RFT white w/ yellow mastic | Unit G - Rm 1 of CU5 | good | / | N/A |
| | RFT - 1x1 yellow w/ white streaks yellow mastic | Unit G - office #1 of CU5 | good | / | N/A |

* If no change in condition, write N/C

| | | |
|--|--|------------------------|
| Surveillance Inspector's Name <u>Joe Garcia</u> | Surveillance Inspector's Signature <u>[Signature]</u> | Date <u>1-24-23</u> |
|--|--|------------------------|

LEA NAME: BISDSCHOOL NAME: CTE 1905 E. 6th 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 |
|--------|---------------------|----------------|-----------------|-----------------|-------------------|
| | Chalkboard green | C01, C03 | good | | N/A |
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* If no change in condition, write N/C

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|--|---|------------------------|
| Surveillance Inspector's Name <u>Joe Boreen</u> | Surveillance Inspector's Signature  | Date <u>1-24-23</u> |
|--|---|------------------------|

LEA NAME: BISDSCHOOL NAME: Faulk 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 |
|--------|-------------------------------|--------------------------|-----------------|-----------------|-------------------|
| 302 | Chalkboard Mastic black | Throughout classrooms | good | / | N/A |
| 303 | Lab counter tops Black | Science rooms | good | / | N/A |
| 304 | Stage Curtains | Cafeteria | good | / | N/A |
| 305 | Love Rose maroon | Throughout School | good | / | N/A |
| | | | | | |
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* If no change in condition, write N/C

| | | |
|--|--|------------------------|
| Surveillance Inspector's Name <u>Joe Garcia</u> | Surveillance Inspector's Signature <u>[Signature]</u> | Date <u>1-26-23</u> |
|--|--|------------------------|

LEA NAME: BISDSCHOOL NAME: Garcia 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 |
|--------|---------------------|----------------------|-----------------|--------------------|-------------------|
| 201 | Cove base Brown | Throughout School | Overall good | Damaged Rm. 105 | N/A |
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* If no change in condition, write N/C

| | | |
|--|---|------------------------|
| Surveillance Inspector's Name <u>Joe Garcia</u> | Surveillance Inspector's Signature  | Date <u>1-31-23</u> |
|--|---|------------------------|

LEA NAME: BISDSCHOOL NAME: Lucia 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 |
|--------|-----------------------------------|-----------------------------|-----------------|-----------------|-------------------|
| 300 | Chalk board mastic | Band Hall | good | / | N/A |
| 301 | Sink undercoating stainless steel | 1st and 2nd floor workrooms | good | / | N/A |
| 302 | Cove base grey | Throughout school | good | / | N/A |
| 400 | Pipe insulation | Mechanical room | Good | / | N/A |
| 401 | Elbow fitting insulation | Mechanical room | good | / | N/A |
| 402 | HVAC mastic grey | Mechanical room | good | / | N/A |

* If no change in condition, write N/C

| | | |
|--|---|------------------------|
| Surveillance Inspector's Name <u>Joe Garcia</u> | Surveillance Inspector's Signature  | Date <u>1-31-23</u> |
|--|---|------------------------|

LEA NAME:

BISD

SCHOOL NAME:

Manzano 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 |
|--------|---------------------------|--------------------------------|-----------------|-----------------|-------------------|
| 201 | Lab counter tops Block | Science labs | good | / | N/A |
| 202 | Sink undercoating | office area, Nurse, Library | good | / | N/A |
| 203 | Stage curtains | Cafeteria | good | / | N/A |
| 204 | Cave Base Block | Throughout building | good | / | N/A |
| 205 | Mirror mastic | Gym, Restrooms | good | / | N/A |
| 301 | Pipe Insulation | Mech. Room | Damaged | / | N/A |

* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature <i>Joe Garcia</i> | Date 1-18-23 |
|---|---|-----------------|

LEA NAME:

BISD

SCHOOL NAME:

Manzano 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 |
|--------|--------------------------|---------------------|-----------------|-----------------|-------------------|
| 302 | Elbow fitting insulation | Mech. Room | Good | / | N/A |
| 303 | HVAC mastic white | Throughout building | Good | / | N/A |
| | | | | | |
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* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature <i>Joe Garcia</i> | Date 1-18-23 |
|---|---|-----------------|

LEA NAME:

BISD

SCHOOL NAME:

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 |
|--------|---------------------------------------|---|-----------------|-----------------|-------------------|
| | 1x1 RFT - Beige w/grey & white specks | wings 100, 200, 300 1100, 101, 203, 301, 1108 | good | | N/A |
| | | | | | |
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* If no change in condition, write N/C

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

LEA NAME: BISPSCHOOL NAME: Perkins 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 |
|--------|----------------------|----------------------|-----------------|-----------------|-------------------|
| 200 | Chalkboard Mastic | Throughout School | good | / | N/A |
| 300 | HVAC mastic white | Throughout School | good | / | N/A |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

* If no change in condition, write N/C

| | | |
|--|---|------------------------|
| Surveillance Inspector's Name <u>Joe Garcia</u> | Surveillance Inspector's Signature <u>Joe Garcia</u> | Date <u>1-31-23</u> |
|--|---|------------------------|

LEA NAME:

BISD

SCHOOL NAME:

Stell 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 |
|--------|---------------------------|--|-----------------|-----------------|-------------------|
| 201 | Lab counter tops Black | Science Labs | good | | |
| 202 | Sink undercounting | Nurse, Lounge, Rms 13-24, 31-33, 52, 54, 62-63 | good | | |
| 203 | Stage curtains | Cafeteria | good | | |
| 204 | Cove base Brown | Office Rms 1-38, 51-65 | good | | |
| 205 | mirror mask black | Restrooms | Good | | |
| 206 | Cove base blue | Cafeteria, gym, Rms 39-50 | good | | |

* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 1-20-23 |
|---|---|-----------------|

LEA NAME:

BISD

SCHOOL NAME:

Stell 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 |
|--------|---------------------------------------|---|-----------------|-----------------|-------------------|
| 207 | Cove base grey | Nurse | good | | |
| 208 | Cove base green | Rms 5101-5113 5202-5208 | good | | |
| * 301 | Pipe insulation | Mech. Rm, Janitors closet | good | | |
| | chalk boards green w/ white top | classrooms 19, 26, 27, 51, 57 | good | | |
| | 1x1 Floor tile grey w/ white | Office, Rms 51-65, 23-30 Hallways | good | | |
| | cementitious panels exterior | Rms 31-65, 39-50 | good | | |

* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 1-20-23 |
|---|---|-----------------|

LEA NAME:

BISD

SCHOOL NAME:

Stillman 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 |
|--------|---------------------------|---|-----------------|-----------------|-------------------|
| 201 | Lab counter tops black | Science rooms | good | / | N/A |
| 202 | Sink undercoating | Rms. E 128, F 101-113, gym, Rm. B11 | good | / | N/A |
| 203 | Stage curtains | Cafeteria | good | / | N/A |
| 204 | Cove base green | Hallways, classrooms, work room | good | / | N/A |
| 205 | Cove base green | Band Hall, gym, Library, cafeteria | good | / | N/A |
| 206 | Mirror mastic | Dance room | good | / | N/A |

* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature <i>Joe Garcia</i> | Date 1-17-73 |
|---|---|-----------------|

LEA NAME: B1SD

SCHOOL NAME: Stillman 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 |
|--------|---------------------------|-----------------------------|-----------------|-----------------|-------------------|
| 207 | Window chalk white | Windows throughout building | good | / | N/A |
| 301 | Pipe insulation | pipe chase Room | good | / | N/A |
| 302 | Elbow, Fitting Insulation | pipe chase room | good | / | N/A |
| 303 | HVAC mastic white | Throughout buildings | good | / | N/A |
| | | | | | |
| | | | | | |

* If no change in condition, write N/C

| | | |
|---|--|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature <i>[Signature]</i> | Date 1-17-73 |
|---|--|-----------------|

LEA NAME: BISO

SCHOOL NAME: Vela 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 |
|--------|-----------------------------------|--|-----------------|----------------------|-------------------|
| 201 | Stage Curtains | Cafeteria | good | / | N/A |
| 202 | Cove base Brown w/ yellow mastic | Throughout school | good | damaged in Cafeteria | N/A |
| | Chalk boards - green | Rms - 101, 102, 106, 205, 206, 203, 209, 300, 302, 306 | good | / | N/A |
| | 1x1 RFT - white w/ beige speckles | Portables - #6 | good | / | N/A |
| | Chalkboard - brown | Rm - 111 | good | / | N/A |
| | | | | | |

* If no change in condition, write N/C

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

LEA NAME: B / S D

SCHOOL NAME: Brownsville Early College 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 |
|--------|---|----------------------|-----------------|-----------------|-------------------|
| 200 | Chalk board Mastic White board on top | Throughout School | Good | / | N/A |
| 300 | Pipe Insulation | Throughout School | Good | / | N/A |
| | | | | | |
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| | | | | | |
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* If no change in condition, write N/C

| Surveillance Inspector's Name | Surveillance Inspector's Signature | Date |
|-------------------------------|---|---------|
| Joe Garcia |  | 1-25-23 |

LEA NAME:

BISD

SCHOOL NAME:

Hanna 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 |
|--------------------|---|---|-----------------|-----------------|-------------------|
| 201 | Shale undercoating | T-200, S-100, S-200, m $\frac{1}{2}$ pads | good | / | N/A |
| 207, 203, 204, 205 | Cove base brown | Throughout school | good | / | N/A |
| 206 | Cove base yellow | T-100, T-200 | good | / | N/A |
| 300 | Pipe insulation chill line | Main building electrical room above ceiling | good | / | N/A |
| 301 | HVAC mastic white | Gym, m-rod, electrical room | good | / | N/A |
| | Chalkboards - green w/ white board on top | Throughout classrooms of pods A, B, C, D | good | / | N/A |

* If no change in condition, write N/C

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

LEA NAME:

BISD

SCHOOL NAME:

Hanna 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 |
|--------|--------------------------------------|--------------------------------------|-----------------|-----------------|-------------------|
| | HVAC duct mastic - Black | Office Lobby, Cafeteria, pod K | good | | N/A |
| | Spray on ceiling texture white | East and West wall dome area | good | | N/A |
| | | | | | |
| | | | | | |
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* If no change in condition, write N/C

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

LEA NAME:

BLSD

SCHOOL NAME:

Lincoln Park 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 |
|--------|--|---|-----------------|-----------------|-------------------|
| 702 | Cove base brown | Throughout School | good | | N/A |
| 300 | Pipe insulation | Mechanical room | good | | N/A |
| | Linoleum sheet flooring under 1x1 RFT - mosaic color unknown | Print shop | good | | N/A |
| | Linoleum sheet flooring under 1x1 RFT | Main Bldg Hallways classrooms | good | | N/A |
| | 1x1 RFT - white w/ blue, red, yellow | Classrooms - 18, 102, 103, 105, 106, 108, 109 | good | | N/A |
| | | | | | |

* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 1-25-23 |
|---|---|-----------------|

LEA NAME: BISO

SCHOOL NAME: Lopez HS.

(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 |
|--------|--------------------------------|----------------------|----------------------------------|-----------------|-------------------|
| 301 | Chalk board mastic black | Classrooms | good | / | N/A |
| 302 | Lab counter tops black | Science wing | Tables damaged Rem. 1/1/16 | / | N/A |
| 303 | Stage curtains | Auditorium | good | / | N/A |
| 304 | Cove base black | Throughout school | good | / | N/A |
| 400 | Pipe insulation | Mechanical Room | good | / | N/A |
| 401 | elbow fitting insulation | Mechanical Room | good | / | N/A |

* If no change in condition, write N/C

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

LEA NAME:

BISD

SCHOOL NAME:

Pace HS

(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 |
|------------|---------------------------------|---------------------------------|-----------------|-----------------|-------------------|
| 201 | Chalkboard Mastic - Green | Hall B-H | good | | |
| 202 | Sink Undercoating | Lounge, nurse, Halls C, G, H | good | | |
| 203 | Stage Curtains | Auditorium | good | | |
| 204 205 | Cove base - green | Throughout School | good | | |
| 206 | Cove base - brown | B-hall C-hall | good | | |
| 207 | Cove base black | Gym, D-hall, F, H, K halls | good | | |

* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature <i>Joe Garcia</i> | Date 1-20-23 |
|---|---|-----------------|

LEA NAME:

BISD

SCHOOL NAME:

Pace 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 |
|--------|--------------------------------|--|-----------------|-----------------|-------------------|
| 301 | Pipe insulation | Mech. Rm's / gym | good | | |
| 302 | Black foam insulation | Mech. Rm's, gym | good | | |
| 303 | Elbow fitting insulation | Mech. Rm's, gym | good | | |
| 304 | HVAC machine white | Mech. Rm's, gym | good | | |
| 305 | Fire proofing Grey | Electrical room | good | | |
| | Cementitious Panels grey/white | Foyer to courtyard Boys/girls Restrooms | good | | |

* If no change in condition, write N/C

| | | |
|---|--|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature <i>[Signature]</i> | Date 1-20-23 |
|---|--|-----------------|

LEA NAME: BISP

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 |
|--------|-----------------------------------|-------------------|-----------------|-----------------|-------------------|
| 300 | C chalkboard mastic | classrooms | good | / | N/A |
| 301 | Lab. counter tops black | Science wing | good | / | N/A |
| 302 | Stage curtains | Auditorium | good | / | N/A |
| 303 | rope base black | Throughout school | good | / | N/A |
| 400 | pipe insulation | Mechanical rooms | good | / | N/A |
| 401 | pipe elbow fitting and insulation | Mechanical Rooms | good | / | N/A |

* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 1-27-73 |
|---|---|-----------------|

LEA NAME:

BISD

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, I 104 | good | | N/A |
| | | | | | |
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* If no change in condition, write N/C

| | | |
|---|--|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature <i>[Signature]</i> | Date 1-27-23 |
|---|--|-----------------|

LEA NAME:

BISD

SCHOOL NAME:

Rivera 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 |
|--------|-----------------------------|----------------------|-----------------|-----------------|-------------------|
| 300 | Chalkboard mastic Black | Classrooms | good | / | N/A |
| 301 | Lab Counter tops Black | Science wing | good | / | N/A |
| 302 | Stage curtains | Auditorium | good | / | N/A |
| 303 | Cove base black | Throughout school | good | / | N/A |
| 400 | Pipe insulation | Mech. rooms | good | / | N/A |
| 401 | Elbow Fitting insulation | Mech. rooms | good | / | N/A |

* If no change in condition, write N/C

| | | |
|---|---|-----------------|
| Surveillance Inspector's Name Joe Garcia | Surveillance Inspector's Signature  | Date 1-31-73 |
|---|---|-----------------|

LEA NAME: BISDSCHOOL NAME: Veterans 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 |
|--------|--------------------------------------|---|-----------------|-----------------|-------------------|
| 201 | Lab countertops Black | Science Labs | _____ | Good | N/A |
| 202 | Stainless steel sink undercoating | Nurse, Library, CATE building, Cafeteria, B-Hall, C-Hall, work room | _____ | Good | N/A |
| 203 | Stage Curtains | Auditorium | _____ | good | N/A |
| 204 | Cove base Brown | Throughout School | _____ | Good | N/A |
| 205 | Mirror mastic Yellow | choir hall, Bancroft Nurse, Restrooms, Cafeteria, CATE Bldg | _____ | Good | N/A |
| 206 | Cove base Blue | Gym | _____ | Good | N/A |

* If no change in condition, write N/C

| | | |
|--|---|------------------------|
| Surveillance Inspector's Name <u>Joe Garcia</u> | Surveillance Inspector's Signature <u>Joe Garcia</u> | Date <u>1-17-23</u> |
|--|---|------------------------|

LEA NAME: BISDSCHOOL NAME: Veterans 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 |
|--------|------------------------------|--|-----------------|-----------------|-------------------|
| 207 | Cove base Brown | Band Hall | Good | / | N/A |
| 301 | Pipe Insulation | Mech. Room, Boiler Room, Theatre | Good | / | N/A |
| 302 | Elbow Fittings Insulation | Mech Room Boiler Room | Good | / | N/A |
| 303 | HVAC Mastic White | Throughout Building | Good | / | N/A |
| 304 | Fireproofing Gray | Mechanical room, Boiler room, Lecture Hall | Good | / | N/A |
| | | | | | |

* If no change in condition, write N/C

| | | |
|--|--|------------------------|
| Surveillance Inspector's Name <u>Soc Garcia</u> | Surveillance Inspector's Signature <u>[Signature]</u> | Date <u>1-17-23</u> |
|--|--|------------------------|

LEA NAME: BISDSCHOOL NAME: Food Services Bldg.

(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 |
|--------|--------------------------|-----------------|-----------------|-----------------|-------------------|
| 301 | pipe insulation | Mechanical room | good | / | N/A |
| 302 | Elbow fitting insulation | Mechanical room | good | / | N/A |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

* If no change in condition, write N/C

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

LEA NAME: BISDSCHOOL NAME: Central Admin. Building

(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 | Cove base brown | Throughout building | good | / | N/A |
| 401 | Pipe insulation | Mechanical room | good | / | N/A |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

* If no change in condition, write N/C

| | | |
|---|--|-----------------------|
| Surveillance Inspector's Name <u>Joc Garck</u> | Surveillance Inspector's Signature <u>[Signature]</u> | Date <u>2-6-23</u> |
|---|--|-----------------------|

LEA NAME: BISDSCHOOL NAME: BISD Academic Center

(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 |
|--------|---------------------|---------------------|-----------------|-----------------|-------------------|
| 301 | Cove base maroon | Throughout building | good | / | N/A |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

* If no change in condition, write N/C

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

LEA NAME: BISDSCHOOL NAME: BISD Administration Bldg.

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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| HA No. | Description of ACBM | Area Inspected | ACBM Condition* | ACBM Condition* | Date ACBM Removed |
|--------|---------------------|---------------------|-----------------|-----------------|-------------------|
| 300 | Sink Undercoating | break room | good | / | N/A |
| 301 | Cove base Brower | Throughout building | good | / | N/A |
| 400 | Pipe Insulation | mechanical room | good | / | N/A |
| | | | | | |
| | | | | | |
| | | | | | |

* If no change in condition, write N/C

| | | |
|--|--|-----------------------|
| Surveillance Inspector's Name <u>Joe Garcia</u> | Surveillance Inspector's Signature <u>[Signature]</u> | Date <u>2-6-23</u> |
|--|--|-----------------------|

LEA NAME:

BISD

SCHOOL NAME:

M. M. Clark Aquatic Center

(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 | Cove Base Grey | Offices, Classrooms | good | / | N/A |
| 461 | Pipe insulation | Boiler Room | damaged | east wall area | N/A |
| 402 | Elbow fitting insulation | Boiler Room | damaged | Elbow insulation SWC area | N/A |
| | | | | | |
| | | | | | |
| | | | | | |

* If no change in condition, write N/C

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

LEA NAME: BISSD

SCHOOL NAME: Special Services

(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 | Single undercoating | Breakroom | damaged | | |
| 301 | Cove base | offices and cubical area | good | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

* If no change in condition, write N/C

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