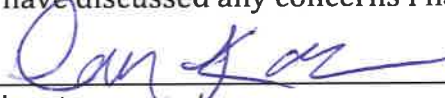


# INSPECTION CERTIFICATION for Saint Paul Public Schools -- Battle Creek Middle School

## STATEMENT OF BUILDING ACCESS

On behalf of Saint Paul Public Schools for Battle Creek Middle School, I certify that I have provided access to all areas within the building to IEA's inspector identified below for the purpose of inspecting for asbestos-containing building materials (ACBM) as mandated by 40 CFR 763.85, "Inspections and Reinspections."

Additionally, I have discussed any concerns I have regarding identified or non-identified ACBM within this building.

  
\_\_\_\_\_  
Signature

8/6/24  
\_\_\_\_\_  
Date of Inspection

## INSPECTOR


As mandated by 40 CFR 763.85, "Inspections and Reinspections," I certify that I have inspected all accessible areas in Battle Creek Middle School for the purpose of identifying and assessing asbestos-containing building materials. I have completed an EPA-approved course and all appropriate refresher courses and am an accredited AHERA Inspector. A copy of my certification/accreditation is attached.

  
\_\_\_\_\_  
Signature  
Grant Gervais  
\_\_\_\_\_  
Print Name

8/6/24  
\_\_\_\_\_  
Date of Inspection  
AL15101  
\_\_\_\_\_  
State Certification/Accreditation Number

## MANAGEMENT PLANNER

I certify that I have reviewed all of the inspection data for Battle Creek Middle School and have appropriately provided assessments and response actions for identified asbestos-containing building materials. I have completed an EPA-approved course and all appropriate refresher courses and am an accredited AHERA Management Planner. A copy of my certification/accreditation is attached.

  
\_\_\_\_\_  
Signature  
M. Hendry  
\_\_\_\_\_  
Print Name

9/30/2024  
\_\_\_\_\_  
Date of Review  
Am3886  
\_\_\_\_\_  
State Certification/Accreditation Number

## Inspector State Certification/Accreditation

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*Grant O. Gervais*  
Director, Env. Health Div.

**m** ASBESTOS  
DEPARTMENT OF HEALTH INSPECTOR

Certified by:  
State of Minnesota  
Department of Health  
**Expires: 05/16/2025**  
Grant O. Gervais  
1031 13th Ave Se  
Minneapolis, MN 55414

No. A115101 Issued: 06/06/2024

## Management Planner State Certification/Accreditation

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*Matt A Lindberg*  
Director, Env. Health Div.

**m** ASBESTOS  
DEPARTMENT OF HEALTH MANAGEMENT

Certified by: **PLANNER**  
State of Minnesota  
Department of Health  
**Expires: 08/02/2025**  
Matt A Lindberg  
11816 Ghia St NE  
Blaine, MN 55449

No. AM3896 Issued: 08/20/2024

## Chart A - Immediate Response Situations

The following is a list of those events that contain damaged asbestos material and should be considered to be potential hazards. It is imperative that the following immediate response situations are corrected as soon as possible but no later than six months from the date of this inspection to avoid increased risk of exposure to airborne asbestos fibers. The district should take extra precaution to ensure that properly trained personnel use appropriate techniques to implement these responses.

Following is an explanation of the immediate Response Action codes identified in this report.

| EPA ASSESSMENT CATEGORY   | RESPONSE ACTION   |
|---|---|
| 1 = Damaged or significantly damaged TSI ACM.                   | A = Cleanup ACM debris.   |
| 2 = Damaged friable surfacing ACM.                              | B = Encapsulate slight damage on TSI.                               |
| 3 = Significantly damaged friable surfacing ACM.                | C = Patch TSI and/or repair ACM cover.                              |
| 4 = Damaged or significantly damaged friable miscellaneous ACM. | D = Enclose or protect accessible sections with protective barrier. |
| 5 = ACBM with potential for damage.                             | E = Remove section of damaged ACM.                                  |
| 6 = ACBM with potential for significant damage.                 | F = Remove ACM and replace with non-ACM.                            |
| 7 = Remaining friable ACBM or friable suspected ACBM.           | G = Isolate area until repaired/removed.                            |
|   | H = Encapsulate slight damage.                                      |
|   | I = Remove and replace damaged or loose tile section.               |
|   | J = Monitor condition of material(s).                               |

| IEA Event No. | Material Type | Material Id/Desc  | Location                    | Estimated Amount Total | Estimated Amount of Damage | EPA Assess. | Immediate Response Action | Comments   |
|---------------|---------------|---|-----------------------------|------------------------|----------------------------|-------------|---------------------------|--|
| 197<br>CAD #: | K0D           | 9" x 9" Vinyl Floor Tile & Mastic Gray w/Brown & White Flecks | ROOM 2619 OFF ROOM 2617     | 145 Sq Ft              | 1 Sq Ft                    | 5           | D                         | TILE WORN UNDER CHAIR. RECOMMEND INSTALLING CHAIR MAT. |
| 209<br>CAD #: | K0D           | 9" x 9" Vinyl Floor Tile & Mastic Gray w/Brown & White Flecks | ROOM 2612 OFF ROOM 2611     | 100 Sq Ft              | 1 Sq Ft                    | 5           | D                         | TILE WORN UNDER CHAIR. RECOMMEND INSTALLING CHAIR MAT. |
| 217<br>CAD #: | K0C           | 9" x 9" Vinyl Floor Tile & Mastic Beige w/Tan Swirls          | ROOM 2106C (KITCHEN OFFICE) | 80 Sq Ft               | 1 Sq Ft                    | 5           | D                         | TILE WORN UNDER CHAIR. RECOMMEND INSTALLING CHAIR MAT. |