

Asbestos Control Program Audit Guide

Facility _____

Area _____

Auditor _____

Date _____

Area	Satisfactory	Action Required	Corrective Action (date)
Employee Knowledge			
Date of last authorized employee training			
Date of last awareness training			
Written Program requirements			
Program Administration			
Written Program established			
Last review of written program			
Program coordinator assigned			
Procedures established			
Medical surveillance program established			
All asbestos containing material (ACM) labeled			
Responsibilities Assigned			

Date of last audit			
Safeguards			
Engineering Safeguards			
Administrative Safeguards			
Training Safeguards			
Equipment			
Correct respiratory equipment			
Containment material			
Vacuums w/ HEPA filters			
Signs			
Spray equipment			
Records			
List of all ACM & location			
Med records complete & correct			
Disposal records complete & correct			
Notes			