(Number $\frac{1}{2}$ of $\frac{1}{2}$ 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.

			1 st six months Date 2/25	2 nd six months Date <mark>8/25</mark>	
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
1	Speckle Grey Sheet Flooring	Entry; Break; Restrooms;	NL		NJA
2	12"x12" Ceiling Tile	Entry			
3	4" Wall Base w/ Mastic	Throughout			
4	Popcorn Ceiling Texture				
5	Wallboard, Tap & Joint Comp.	e,			
6	Yellow Fiberglass Ins.	Attic	•		•

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

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Matthew Spear	Mucsm	2/28/25

(Number 2 of 2 make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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			1 st six months Date 2/25	2 nd six months Date <u>8/25</u>	
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
7	12" x 12" Floor Tiles	Head Start Wing	NIC		NJA
8	12"x12" Ceiling Tiles	Head Start Classrooms			
9	Speckled White Flooring	Head Start Restrooms	•		•

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

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Matthew Spear	Muc. Sm	2/28/25

LEA NAME: RSD

(Number $\frac{1}{2}$ of $\frac{3}{2}$, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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			1 st six Date_2	months 2/25	2 nd six months Date <u>8/25</u>	
HA No.	Description of ACBM	Area Inspected	ACBM C	Condition*	ACBM Condition*	Date ACBM Removed
1	9"x9" Tan VAT w/ Mastic	Throughout	NW 04	Hallmay)		Summer 2023 (Partial)
2	12"x12" Ceiling Tile					
3	12" x 12" Floor Tiles	•				
4	9"x9" Blue VAT w/ Mastic	Custodial Closets				
5	9"x9" Brown VAT w/ Mastic	Custodial Close & Classrooms	ts			
6	Brown Patterned	North Restrooms	,			•

Sheet Flooring

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

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Matthew Spear	Mucsm	2/28/25

LEA NAME: RSD

(Number 2 of 3, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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			1 st six months Date 2/25	2 nd six months Date <u>8/25</u>	
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
7	6" Wall Base w/ Mastic	Throughout	N/C* (NW Hallway) only		Summer 2023 (Partial)
8	Wallboard, Tap & Joint Comp.	e, v	↓		MA
9	9"x9" Grey & Orange VAT w/	Classrooms	M/A		Summer 2013 (Entire)
	Mastic 9"x9" White & Red VAT w/ Mastic	South Hallway	N/C		N/A
	12" x 12" Blue Floor Tiles	Gym, Classroo Spot Repair	oms,		
12	White Sheet Flooring	Gym, Custodi Office	al 🔻		

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

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Matthew Spear	Muc. Sm	2/28/25

LEA NAME: RSD

(Number 3 of 3, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

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			1 st six months Date 2/25	2 nd six months Date <u>8/25</u>	
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
	Boiler Jacket Insulation	Boiler Room	Not ACBM		WA
14	9" x 9" Green VAT w/ mastic	Classrooms	N/C		\

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

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Matthew Spear	Muc. Sm	2/28/25

Reedsport Community

LEA NAME: RSD SCHOOL NAME: Charter School

(Number $\frac{1}{2}$ of $\frac{1}{2}$, 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.

			1 st six months Date 2/25	2 nd six months Date <mark>8/25</mark>	
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed
	9" x 9" Green VAT w/ Mastic	Classrooms (N. 124, central) (south [value 12" 1:10])	NC X	North/Center/ Classes have tile still South Encapsile	Summer 2023 west Chasses only
	9" x 9" Brown VAT w/ Mastic				
3	9" x 9" Black VAT w/ Mastic	•	•		¥
4	9" x 9" Tan VAT w/ Mastic	Hallways (exposed cafe hallway)	N/C* Cafe only rem	(under 12" 1:1e) oved)	Summer 2023 (Partial)
5	Popcorn Ceiling Texture	Senior	M/C		N/A
	Wallboard, Tap & Joint Comp.	e, Throughout	↓		\

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

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date
Matthew Spear	MMC.SM	2/28/25