SITE ASSESSMENT CHECKLIST
FOR DEMOLITION AND RENOVATION PROJECTS

INSERT BUILDING NAME
FSU BUILDING NUMBER XXX
CAMPUS OF FLORIDA STATE UNIVERSITY
TALLAHASSEE, FLORIDA

Prepared for Florida State University
Facilities Planning & Construction
By Environmental Health & Safety
Tallahassee, Fl 32306-4154

December 2004 & January 2005
1. General Information

1.1. Building Information

1.2. Type of Construction Project

1.3. Demolition/Renovation Project Description

1.4. Project Design By

1.5. Site Assessment By

1.6. Project Construction By

1.7. Building Construction Information

2. Record Review

2.1. Identify pertinent findings based on the record review

3. Personnel Interview

3.1. Identify pertinent findings based on the personnel interview

4. Site Inspection

4.1. Asbestos-containing material (ACM)

4.2. Lead-Based Paint (LBP) & RCRA Metals

4.3. Lead containing building material

4.4. PCB (Polychlorinated biphenyls) containing material/equipment

4.5. Mercury-containing devices

4.6. Chemicals / Solvents

4.7. Flammable Material

4.8. Underground Storage Tanks (UST)

4.9. Aboveground Storage Tanks (AST)

4.10. Miscellaneous Hazardous Material / Waste

4.11. Freon/CFC (Refrigerants)

4.12. Radioactive material

4.13. Biological Hazard

4.14. Pesticide

4.15. Used Oil

4.16. Water and Wastewater

5. Summary of Findings and Conclusions

6. Personnel Information

7. Final Inspection

8. Recommendation Concerning Building Demolition
SITE ASSESSMENT CHECKLIST
FOR DEMOLITION AND RENOVATION PROJECTS

1. General Information

1.1. Building Information
FSU Building Number
Building Name
Address
Building Contact - Name
Phone
Current Use of the Building
Past Use of the Building
Occupied or Unoccupied

1.2. Type of Construction Project
Demolition yes no
Renovation yes no
New construction yes no

1.3. Demolition/Renovation Project Description

1.4. Project Design By
FSU (In-house) yes no
if “yes” Name of Designer
A/E Firm yes no
If “yes” Name of A/E Firm
Lessee yes no
If “yes” Name of Lessee

1.5. Site Assessment By
FSU (In-house) yes no
If “yes” Name of Inspector
Date of Site Assessment

HAZARDOUS SUBSTANCES OR HAZARDOUS MATERIALS CHECKLIST
- 1 -
A/E Firm  yes  no
(Environmental Consultant)
If “yes”
Name of A/E Firm
Name of Inspector
Date of Site Assessment

1.6.  Project Construction By
FSU (In-house)  yes  no
if “yes”
Name of Project Manager

Contractor Firm  yes  no
(Construction Manager)
If “yes”
Name of A/E Firm

Lessee  yes  no
If “yes”
Name of Lessee

1.7.  Building Construction Information

1.7.1.  Construction Year

1.7.2.  Area under renovation  
(include floor plan)

1.7.3.  Building Contact  Name:
Phone Number

1.7.4.  Heating Unit
a)  Energy or Fuel Source
b)  Condition of units

1.7.5.  Cooling Unit
a)  Energy or Fuel Source
b)  Condition of units
c)  Drains / Sumps

1.7.6.  Describe structural components of the buildings, number of floors, exterior walls, interior walls, floors, ceilings, and roof.
2. **Record Review**

2.1. **Identify pertinent findings based on the record review.**

<table>
<thead>
<tr>
<th>Record Description</th>
<th>Pertinent Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td></td>
</tr>
<tr>
<td>(b)</td>
<td></td>
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</tbody>
</table>

3. **Personnel Interview**

3.1. **Identify pertinent findings based on the personnel interview.**

<table>
<thead>
<tr>
<th>Name of Person</th>
<th>Pertinent Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>(include time and date of conversation)</td>
<td></td>
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<tr>
<td>a)</td>
<td></td>
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<tr>
<td>b)</td>
<td></td>
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<tr>
<td>c)</td>
<td></td>
</tr>
<tr>
<td>d)</td>
<td></td>
</tr>
</tbody>
</table>

4. **Site Inspection**

4.1. **Asbestos-containing material (ACM)**

4.1.1. Previous asbestos survey available. yes no

If “NO” go to 4.1.2
If “yes”

a) Does it include all suspect asbestos-containing materials or equipment? yes no

- If “yes” list all ACM, quantity, location and condition as separate attachment to this checklist.
- If “no” list all ACM and suspect-ACM quantity, location and condition as a separate attachment to this checklist.

4.1.2. Describe quantity, location and condition of any suspect ACM at the site as a separate attachment to this checklist.
4.2. **Lead-Based Paint (LBP) & RCRA Metals**

4.2.1. Demolition/Renovation will disturb painted building materials or equipment.  
If “yes” answer next questions.  
yes  no

4.2.2. Previous survey information.  
If “yes” describe findings.  
yes  no

4.2.3. Any cracked or peeling paint.  
If “yes” describe location and condition.  
yes  no

4.2.4. Describe location and extent of suspected lead-based paint.

4.2.5. Describe demolition waste stream material which may contain material with LBP.  

Does demolition waste stream require TCLP testing for metals?  
yes  no

4.2.6. Pressure Treated Wood Containing Chromium, Cooper, and Arsenic (CCA)?  
yes  no

4.3. **Lead containing building material**

4.3.1. List lead containing building material other than LBP.
   a) Lead plaster (X-ray Room)  
   yes  no
   b) Plumbing  
   yes  no
   c) Lead solder  
   yes  no
   d) Lead / lead acid batteries  
   yes  no
   e) Vent pipe roof flashing  
   yes  no
   f) Drain pipe seal  
   yes  no
   g) Other suspect material  

4.4. **PCB (Polychlorinated biphenyls) containing material/equipment**

4.4.1. List suspect PCB-containing or contaminated building material/equipment.

- a) Transformers  yes  no
- b) Capacitors  yes  no
- c) Condensers  yes  no
- d) Ballasts of light fixtures  yes  no
- e) Hydraulic systems (elevators etc.)  yes  no
- f) Vacuum pumps  yes  no
- g) Gas transmission turbines  yes  no
- h) Television sets  yes  no
- i) Air conditioners  yes  no
- j) Other

4.4.2. If PCB-containing material and/or equipment present, describe type of equipment, manufacturer, installation date, labels, fluid, ownership, location, quantity and condition. Inspect for signs of discharge, any staining of surrounding area.

4.4.3. Provide information on past usage or spills.

4.5. **Mercury-containing devices**

4.5.1. List mercury containing devices present in the building.

- a) Fluorescent lamps  yes  no
- b) High Intensity Discharge (HID) lamps  yes  no
- c) Thermostats  yes  no
- d) Electric mercury switches and relays  yes  no
- e) Thermometers  yes  no
- f) Manometers  yes  no
- g) Mercury batteries  yes  no
- h) Other

4.5.2. If mercury-containing devices are present, describe location, quantity and condition.
4.5.3. **Presence of fume hoods at the project site.**

- [ ] yes
- [x] no

If “yes” describe:

a) **Type**

b) **Currently in use**

c) **Contaminant collection media, if present**

d) **List contents**

e) **Radioactive material**

f) **Presence of transite (asbestos)**

g) **Other findings**

4.6. **Chemicals / Solvents**

4.6.1. Presence of any containers (empty, partial or full) of chemicals/solvent/paint/acids/caustics at the project site.

- [ ] yes
- [ ] no

If “yes” describe content, quantity, location, condition, size of the containers. Describe any corrosion or leakage. Also indicate if MSDS is available, and if so, attach copy with this report.

4.6.2. Describe the storage area for chemicals. Note location of floor drains or spill pathways.

4.6.3. Describe any evidence of noxious odors at site.

4.6.4. Describe any evidence of spills or floor stains at the site.

4.7. **Flammable Material**

4.7.1. Presence of any flammable material at the project site.

- [ ] yes
- [ ] no

If “yes” describe content, quantity, location, condition, size of the containers.
4.8. **Underground Storage Tanks (UST)**

4.8.1. Presence of USTs, now or previously located based on the record review and/or site inspection.

<table>
<thead>
<tr>
<th>Tank # 1</th>
<th>Tank # 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>___________</td>
</tr>
<tr>
<td>Present at site (yes/no)</td>
<td>___________</td>
</tr>
<tr>
<td>Substance stored</td>
<td>___________</td>
</tr>
<tr>
<td>Installation Date</td>
<td>___________</td>
</tr>
<tr>
<td>Date of initial operation</td>
<td>___________</td>
</tr>
<tr>
<td>Registration Number</td>
<td>___________</td>
</tr>
<tr>
<td>Corrosion protection</td>
<td>___________</td>
</tr>
<tr>
<td>Leak detection tests (yes/no)</td>
<td>___________</td>
</tr>
<tr>
<td>Result of testing</td>
<td>___________</td>
</tr>
<tr>
<td>Date taken out of operation</td>
<td>___________</td>
</tr>
<tr>
<td>Other information</td>
<td>___________</td>
</tr>
</tbody>
</table>

4.8.2. Is there any visible evidence of leaks or spills (stained soils, stressed vegetation) in the vicinity of the tank?

If the presence of UST’s is unknown, complete the following.

a) Are there current operations that require use of USTs? If so, describe.

b) Are there past operations conducted that required use of USTs? If so, describe.

c) Is there visible evidence of fill pipes, vent pipes, or fill caps that indicate the presence of USTs? If so, describe.

d) Is there visible evidence of stained soils or stressed/dead vegetation at the site? If so, describe.

e) Is any of the building heated with an oil-fired boiler? If so, is the fuel supply stored in an UST?
4.9. **Aboveground Storage Tanks (AST)**

4.9.1. Presence of ASTs, now or previously located based on the record review and/or site inspection.  

<table>
<thead>
<tr>
<th></th>
<th>Tank # 1</th>
<th>Tank # 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type/Description</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Present at site (yes/no)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance stored</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corrosion protection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evidence of leak (yes/no)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date taken out of operation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hazardous material present</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other information</td>
<td></td>
<td></td>
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</tbody>
</table>

4.9.2. Is there any visible evidence of stained floor in the vicinity of tank? If so, describe.

4.10. **Miscellaneous Hazardous Material / Waste**

4.10.1. List miscellaneous hazardous material / waste present at the building (including empty containers).

   a) Batteries  yes no
   b) Adhesive glues  yes no
   c) Pressurized gas cylinders  yes no
   d) Poisons  yes no
   e) Oxidizers  yes no
   f) Freon/CFCs  yes no
   g) Mineral spirit  yes no
   h) Gasoline  yes no
   i) Paint thinner  yes no
   j) Aerosol can  yes no
   k) Adhesive remover  yes no
   l) Other  

4.11. **Freon/CFC (Refrigerants)**

4.11.1. Describe any equipment which may contain refrigerant.

4.11.2. Note any evidence of leaking equipment.
4.11.3. Note if the system containing refrigerant has been drained. If so, describe when and by whom.

4.12. Radioactive material
4.12.1. Describe any evidence of past or present use of radioactive material at the project site.

4.12.2. Note any evidence of presence of radioactive waste at the project site.

4.13. Biological Hazard
4.13.1. Describe any evidence of past or present biological hazards at the project site.

4.13.2. Note any evidence of presence of biological / medical waste at the project site.

4.14. Pesticide
4.14.1. Presence of any containers including (empty, partial or full) of pesticides at the project site.

   yes  no

   If “yes” describe content, quantity, location, condition, size of the containers. Describe any corrosion or leakage. Also indicate if MSDS is available, and if so, attach copy with this report.

4.14.2. Describe the past use or storage of pesticides at the project site.

4.14.3. Describe any evidence of spills or contamination of building material or soil with pesticides at the project site.

4.15. Used Oil
4.15.1. Presence of any used oil containers at the project site.

   yes  no

   If “yes” describe content, quantity, location, condition, size of the containers.
4.16. **Water and Wastewater**

4.16.1. Water supply to the project site.

<table>
<thead>
<tr>
<th></th>
<th>yes</th>
<th>no</th>
</tr>
</thead>
<tbody>
<tr>
<td>City water supply</td>
<td></td>
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<tr>
<td>Well water supply</td>
<td></td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
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</tbody>
</table>

4.16.2. Wastewater discharged to:

<table>
<thead>
<tr>
<th></th>
<th>yes</th>
<th>no</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanitary sewer</td>
<td></td>
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<tr>
<td>Storm water drain</td>
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<td>Septic system</td>
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<tr>
<td>Other</td>
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</table>

4.16.3. Describe presence of floor drains and sumps at site and what is discharged through these drains.
5. **Summary of Findings and Conclusions**

The following materials and conditions were noted to be of concern:

1) 
2) 
3) 
4) 
5) ............ etc,
Recommendations

1)  
2)  
3)  
4)  
5) ...............etc.
6. Personnel Information

Site Inspection Performed By:

Signature: ___________________________  ___________________________
Date: ___________________________  ___________________________
Name: ___________________________  ___________________________
Title: ___________________________  ___________________________
Firm: ___________________________  ___________________________
Address: ___________________________  ___________________________

Phone Number: ___________________________  ___________________________
Facsimile Number: ___________________________

Report / Checklist Prepared By:

Signature: ___________________________  ___________________________
Date: ___________________________  ___________________________
Name: ___________________________  ___________________________
Title: ___________________________  ___________________________
Firm: ___________________________  ___________________________
Address: ___________________________  ___________________________

Phone Number: ___________________________  ___________________________
Facsimile Number: ___________________________

Report / Checklist Reviewed By:

Signature: ___________________________  ___________________________
Date: ___________________________  ___________________________
Name: ___________________________  ___________________________
Title: ___________________________  ___________________________
Firm: ___________________________  ___________________________
Address: ___________________________  ___________________________

Phone Number: ___________________________  ___________________________
Facsimile Number: ___________________________
7. **Final Inspection**

<table>
<thead>
<tr>
<th>Action Recommended</th>
<th>Action</th>
<th>Final Disposition</th>
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<tbody>
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</table>

**Final Inspection Performed By:**

Signature: ________________________________
Date: ________________________________
Name: ________________________________
Title: ________________________________
Firm: ________________________________
Address: ________________________________

Phone Number: ________________________________
Facsimile Number: ________________________________

8. **Recommendation Concerning Building Demolition / Renovation**