



Pre-demolition Building Inspection Form

Water Quality and Hazardous Waste Bureau, Environmental Health Division

788 East Woodoak Lane; Murray, UT 84107

Phone: 385-468-3862; Fax: 385-468-3861

Section 1: General Information

Select one: Residential Business Inspection Date _____

Address of Demolition _____ City _____ ZIP _____

Property Owner Name _____ Phone _____ Email _____

Demolition Permit Holder or Contractor _____ Phone _____ Email _____

Section 2: Inspection Results

| Items | Amount | Condition | |
|---|--|------------------------------------|---------------------------------------|
| Mercury (Hg) Thermostats | _____ | <input type="checkbox"/> Damaged | <input type="checkbox"/> Undamaged |
| Hg Fluorescent Lights | _____ | <input type="checkbox"/> Damaged | <input type="checkbox"/> Undamaged |
| PCB Ballasts or Transformers | _____ | <input type="checkbox"/> Damaged | <input type="checkbox"/> Undamaged |
| Refrigeration Units containing CFCs | _____ | <input type="checkbox"/> Damaged | <input type="checkbox"/> Undamaged |
| Containers of Hazardous or Special Waste, including Vehicle Batteries | _____ | <input type="checkbox"/> Damaged | <input type="checkbox"/> Undamaged |
| Suspect ACM (substrates sampled): | | <input type="checkbox"/> Damaged | <input type="checkbox"/> Undamaged |
| <input type="checkbox"/> Ceiling tile | <input type="checkbox"/> Ceiling texture | <input type="checkbox"/> Drywall | <input type="checkbox"/> Flooring |
| <input type="checkbox"/> Window caulk | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Heat tape | <input type="checkbox"/> Insulation |
| | | <input type="checkbox"/> Roofing | <input type="checkbox"/> None present |

Inspector name _____ Inspector signature _____ PBI Reg. # _____

Section 3: Follow-Up Inspection Results

Have all items identified above been removed? Yes No

Inspector signature _____ Date _____

Section 4: Disposition of Identified Items or Copies of Receipts

| Item | Name of Disposal or Recycling Facility | Date |
|---------------------------------------|--|-------|
| Hg Thermostats | _____ | _____ |
| Hg Fluorescent Lights | _____ | _____ |
| PCB Ballasts or Transformers | _____ | _____ |
| Refrigeration Units containing CFCs | _____ | _____ |
| Hazardous or Special Waste; Batteries | _____ | _____ |
| RACM or other ACM | _____ | _____ |

HEALTH DEPARTMENT USE ONLY

Approved by: _____

Licensed Environmental Health Scientist

Date approved _____