

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: 385-468-3863

Section 1: General Information

Select one: Residential Business

Address of Demolition _____ City _____ Inspection Date _____

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"/> Other: _____	<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 _____