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| **ASBESTOS REMOVAL CHECKLIST – HIGH RISK WORK**  **This checklist must be completed, reviewed and accepted by the Authorised Competent Person or Responsible Officer before the work proceeds.**  **Only the work listed may be carried out. Under the current Occupational Health and Safety legislation, workplaces must comply with the *Code of Practice for the Safe Removal of Asbestos 2nd Edition [NOHSC: 2002(2005)]* and *Code of Practice for the Management and Control of Asbestos in Workplaces* [NOHSC 2018 (2005)] which specifies obligations in relation to asbestos containing materials.**  **In line with this requirement, the University has an Asbestos Management Plan (AMP), Asbestos Management Register (AMR) and supporting documentation for the management of asbestos containing materials on our campuses.**  **THIS DOCUMENT SHOULD BE DISPLAYED WITH THE ASBESTOS REMOVAL PERMIT ADJACENT TO THE ASBESTOS REMOVAL AREA** |

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| **1. Contractor Details:** | | | | |
| **Company Name:** | | | | |
| **Licence Number:** | | **Restricted Licence** | | **Unrestricted Licence** |
| **2. Permit Details:** | | | | |
| **Date of removal: Time:** | | | **Estimated duration of work:** | |
| **Location of removal:** | | | | |
| **2.1 Asbestos Containing Material Details** | | | | |
| **Type:** | | **Friable** | | **Non-Friable** |
| **Condition:** | | **Fair** | | **Poor** |
| **Removal Quantity:** | |  | | |
| **Asbestos Register Hazard ID Number:** | |  | | |
| **2.2 Required Documentation (please attach the documents listed below)** | | | | |
|  | Records of all relevant training for all persons named on the permit (e.g. asbestos training, first aid etc..) | | | |
|  | Asbestos removal control plan (Including Emergency Procedure) | | | |
|  | Location plan | | | |
|  | Job Safety Analysis or Safety Work Method Statement | | | |
| **3. Permit Conditions**  ***(be aware the conditions may change during entry and need continuous review)*** | | | | |
| **3.1 Permits Required**  ***(tick all that apply)*** | | | | |
| **Access** | | **RPA Flight** | | **Road Closure** |
| **Fire Systems Isolation** | | **Low Voltage Electrical Isolation** | | **High Voltage Electrical Isolation** |
| **Mechanical Fire Systems Isolation** | | **Gas Isolation** | | **Hydraulics** |
| **Crane** | | **Dig / Excavate** | | **Hot Works** |
| **Working at Heights** | | **Other** (*specify please)* | | |
| **3.2 Communication Method *(tick al that apply)*** | | | | |
| **Visual / Audible Contact** | | **Hand Held Radio CH** | | **CCTV Cameras** |
| **Other** *(please specify)* | | | | |

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| **3.3 Additional Personal Protective Equipment *(tick all that apply)***  ***(Mandatory PPE: Coveralls; Gloves; P2 Respirator; Safety Glasses/Goggles; Safety Boots)*** | | | |
| **Hearing Protection** | **Chemical Respirator** | **Face Shield** | |
| **Other** *(please specify)* | | | |
| **3.4 Other Equipment Requirements *(tick all that apply)*** | | | |
| **32V (ELV) Lighting** | **Residual Current Device (RCD)** | **Decontamination Unit** | |
| **Fire Extinguisher** | **Extraction Ventilation** | **Other** *(please specify)* | |
| **4. Stakeholder Notification** | | | |
| **Stakeholders Notified of Works:** | **Yes** | **No** | |
| **Communication Form:** | **Verbal** | **Email** | |
| **Stakeholders Notified:** *(please specify)* | | | |
| **5. Permit Acceptance** | | | |
| **5.1 Acceptable of Permit Conditions *(to be signed by all personnel involved in the asbestos removal)*** | | | |
| I understand and accept the conditions and precautions detailed on this permit and shall ensure that all personnel involved in the asbestos removal are informed of them. | | | |
| **Supervisor:** | **Signature:** | **Date:** | **Time:** |
| **Name:** | **Signature:** | **Date:** | **Time:** |
| **5.2 Preparation / Requirements *(to be completed by Curtin Responsible Officer)*** | | **Yes** | **No** |
| 1. **Review the relevant Asbestos Register with the contractor** | |  |  |
| 1. **Provided details of the ACM to be removed (quantity, condition, material type and whether it is friable or non-friable).** | |  |  |
| 1. **Provided a location plan detailing the asbestos removal area boundaries, type and extent of isolation required, exit routes and the location of any signs and barriers.** | |  |  |
| 1. **Asbestos Removal Control Plan has been completed and provided to the Curtin Responsible Officer / Project Manager and HSEM.** | |  |  |
| 1. **Provided copies of Job Safety Analysis or Safe Work Method Statements to the Curtin Responsible Officer and HSEM.** | |  |  |
| 1. **Have all contractor employees completed the Curtin online induction training?** | |  |  |
| 1. **Air monitoring by an independent hygienist/asbestos assessor required?** | |  |  |
| **5.3 Permit Authorisation *(to be signed by Curtin Responsible Officer / Permit Issuer)*** | | | |
| I verify the conditions and requirements detailed on this permit have been met and authorisation is granted to comment the asbestos removal under the conditions described on this permit. | | | |
| **Curtin Responsible Officer *(print name)*:** | **Signature:** | **Date:** | **Time:** |

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| **6.0 Permit –Complete:** | | | |
| **I have received the Asbestos Clearance Certificate and provided a copy to** [**asbestos@curtin.edu.au**](mailto:asbestos@curtin.edu.au) | | | |
| **Curtin Responsible Officer *(print name)*:** | **Signature:** | **Date:** | **Time:** |

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| **7.0 Permit – Complete Closure:** | | | |
| **I have received the Asbestos Disposal Receipt and provided a copy to** [**asbestos@curtin.edu.au**](mailto:asbestos@curtin.edu.au) | | | |
| **Curtin Responsible Officer *(print name)*:** | **Signature:** | **Date:** | **Time:** |