

ASBESTOS WORK PERMIT

Building &/or maintenance work on asbestos containing material (ACM) is prohibited, unless this permit is issued.

Consult the worksite's Asbestos Register to determine the requirement to complete this permit. Where Asbestos Containing Material (ACM) has been identified in that part of the building or the plant that work is to be undertaken, an Asbestos Work Permit, risk assessment & job safety plan must be submitted and approved prior to work commencing.

APPLICATION TO PERFORM WORK ON ACM (Applicant Details)

Print Name	Signature	Asbestos Removal Licence Details (if applicable)	/ / Date
Scope of Work: (include details of the type of asbestos involved (friable/non-friable), tasks, machinery, etc)			
Work Site Location		Hours:	Minutes:
		Approximate working time to undertake the work	

This checklist must be completed before proceeding with any work on ACM – Tick Yes or No		Yes	No
1	Have all personnel undertaking work associated with this permit received training on the health risks of asbestos, the types & likely occurrences of ACM at the worksite, the safe work practices & precautions when working with ACM & the purpose of monitoring & health surveillance activities?	<input type="checkbox"/>	<input type="checkbox"/>
2	Has a risk assessment been performed by a competent person & have the results of the risk assessment been incorporated into the asbestos removal/work task control plan? (attach a copy of the assessment & plan to this permit)	<input type="checkbox"/>	<input type="checkbox"/>
3	Has the relevant statutory state body been contacted & provided with details of the asbestos removal work to be performed?	<input type="checkbox"/>	<input type="checkbox"/>
4	Have work boundaries been established using signs, barriers &/or security to prevent unauthorised access into the area where the ACM work/removal is to be performed?	<input type="checkbox"/>	<input type="checkbox"/>
5	Has suitable PPE been provided for the personnel undertaking the ACM work/removal?	<input type="checkbox"/>	<input type="checkbox"/>
6	Are any tools being used manually or battery operated to minimise dust generation?	<input type="checkbox"/>	<input type="checkbox"/>
7	Is the ACM to be wetted down or if this is not appropriate, has the work area been fully enclosed with plastic sheeting & maintained at a negative pressure?	<input type="checkbox"/>	<input type="checkbox"/>
8	Are decontamination &/or waste disposal facilities in place so that the workplace, ACM, tools & PPE can be adequately cleaned &/or disposed of?	<input type="checkbox"/>	<input type="checkbox"/>
9	Is air monitoring to be performed for ACM work/removal to ensure all control measures implemented are effective?	<input type="checkbox"/>	<input type="checkbox"/>
10	Have the necessary licensing, transport & disposal requirements for the removal of ACM been identified, obtained and implemented?	<input type="checkbox"/>	<input type="checkbox"/>
Failure to answer Yes to all Points for ACM removal work or Points 1, 2, 4, 5, 6 for work on ACM will prevent authorisation of the Asbestos Work Permit & the activity shall NOT proceed.			

Remaining risks/special conditions identified:

Additional controls to be implemented:

PERMIT SIGN-OFF

AUTHORISATION BY COMPANY REPRESENTATIVE: I verify that the abovementioned area has been examined, the precautions identified on the checklist below have been implemented & permission is granted for the work associated with the ACM to be undertaken.

Print Name: Signature: Date: / /

ACKNOWLEDGEMENT BY CONTRACTOR / EMPLOYEE: I acknowledge that I/we have examined the worksite's ACM Register in relation to the proposed scope of work & that I/we have received the necessary training associated with ACM work &/or removal.

I hereby declare that no other work other than that stated in this permit shall be carried out & that all precautionary measures as detailed in this permit & the removal/work task control plan will be adhered to.

Print Name: Signature: Date: / /

CLEARANCE BY COMPANY REPRESENTATIVE: I verify that the work stated above has been completed & the abovementioned area has been examined, to ensure that it has been cleaned/decontaminated & that any ACM has been disposed of in accordance with the requirements of this permit &/or local state legislative requirements.

Print Name: Signature: Date: / /