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 Work Health and Safety legislation, workplaces must comply with the *Code of Practice* *How to manage and control asbestos in the workplace,* and the *Code of Practice* *How to safely remove asbestos* 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

1. Contractor Details:		
Company Name:		
Licence Number:	Class A Licence ☐	Class B 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)*		

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	☐	☐
2. Provided details of the ACM to be removed (quantity, condition, material type and whether it is friable or non-friable).	☐	☐
3. 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.	☐	☐
4. Asbestos Removal Control Plan has been completed and provided to the Curtin Responsible Officer / Project Manager and HSEM.	☐	☐
5. Provided copies of Job Safety Analysis or Safe Work Method Statements to the Curtin Responsible Officer and HSEM.	☐	☐
6. Have all contractor employees completed the Curtin online induction training?	☐	☐
7. 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:

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

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