To be completed by the Line Manager of the person entering the contaminated space to confirm entry procedure is followed satisfactory.

|  |  |
| --- | --- |
| **Work Information** |  |
| Job Number |  |  |
| Operative(s) Name(s) |  |  |
| Date |  | Time |  |  |
| Exact Location |  |  |
| Details of Work being Done |  |  |
| **Training** – Please confirm operative(s) has received the required training |  |
| UKATA Asbestos awareness training completed in last 12 months | [ ]  | Toolbox talk Entry to Contaminated Areas completed in last 12 months | [ ]  |
| Read and understood task risk assessment/method statement |  | [ ]  | Understands Emergency Procedure | [ ]  |
| **Equipment –** Please confirm the following equipment is present |
| Disposable Overalls (Type 5/6) (PPE) |  | [ ]  | Face Fitted Disposable Facemask (FFP3)(PPE) | [ ]  |
| Disposable Oversboots(PPE) |  | [ ]  | Asbestos Waste Bags (Red and Clear) | [ ]  |
| Gaffer Tape |  | [ ]  | 1000 Gauge Plastic Drop Sheet | [ ]  |
| Wet Wipes |  | [ ]  | Working Mobile Phone / Radio(Please delete as appropriate) | [ ]  |
| **Procedural Checks** |  |
| **Entry to area** | Yes | No |
| Is there a permit to Access an Asbestos Contaminated Area present? | [ ]  | [ ]  |
| Have all local apertures (doors, windows, etc) closed to prevent unauthorised access? | [ ]  | [ ]  |
| Has the area been cleaned with wet wipes? | [ ]  | [ ]  |
| Has all PPE been put on correctly (Donning) as per toolbox talk SAF-TRA-ASB? | [ ]  | [ ]  |
| Is the plastic drop sheet on the floor immediately outside the entry point? | [ ]  | [ ]  |
| Are the corner of the plastic sheet tapped down? | [ ]  | [ ]  |
| Are the empty red and clear asbestos waste bags and wet wipes on the drop sheet? | [ ]  | [ ]  |
| On entry, were the access points closed? | [ ]  | [ ]  |
| Were any personal belongings taken into contaminated area? | [ ]  | [ ]  |
| **During the Works** |
| Were PPE and facemask worn throughout the works? | [ ]  | [ ]  |
| Was the task risk assessment followed at all times? | [ ]  | [ ]  |
| **Leaving area** |
| When leaving, did operative remain on the drop sheet at all times? | [ ]  | [ ]  |
| Were any tools cleaned correctly? | [ ]  | [ ]  |
| Was the doffing process followed? | [ ]  | [ ]  |
| Was the clearing process followed? | [ ]  | [ ]  |
| Overall, was the procedure performed satisfactorily? | [ ]  | [ ]  |
|  |  |  |  |  |
| **Managers Confirmation** – I confirm I observe the above operative and the outcomes are detailed on this checklist |  |
| Name |  | Signature |  | Date |  |  |