To be completed by Line Manager / Project Staff for access into Asbestos Contaminated Areas.

|  |  |
| --- | --- |
| **Part A – Details of Work** |  |
| Permission is granted to: |  |  |
| Job Number |  |  |
| Description of Work |  |  |
| Exact Location |  |  |
| **Permit Valid –** This permit is only valid between the date and times detailed below |
|  Date: |  | Time from: |  | Time to: |  |  |
| **Requirements –** to be completed by issuer before work commences |  | **Yes** | **No** |
| Confirm the follow have been issued to the operative |
| Disposable Overalls (Type 5/6) | [ ]  | Face Fitted Disposable Facemask (FFP3) | [ ]  |
| Disposable Over Boots | [ ]  | Asbestos Waste Bags (Red and Clear) | [ ]  |
| Gaffer Tape | [ ]  | 1000 Gauge Plastic Drop Sheet | [ ]  |
| Wet Wipes | [ ]  | Working Mobile Phone / Radio | [ ]  |
| Enclosure (If required) | [ ]  |  |  |
| Confirm that the following precautions have been explained to the operative |
| The Access to an Asbestos Contaminated Area SOP  | [ ]  |
| The Access to an Asbestos Contaminated Area Risk Assessment | [ ]  |
| Attended the Entering Contaminated Areas Toolbox Talk | [ ]  |
| To complete a Identifying Confined Spaces Checklist | [ ]  |
| Limitations of this Permit (e.g. Timescales) | [ ]  |
| The Task Risk Assessment, Method Statement or Construction Phase Plan | [ ]  |
| Emergency Procedure (Contained in Access to Asbestos Contaminated Area SOP) | [ ]  |
|  |  |  |  |  |
| **Part B – Issuing Permit** |  |
| I confirm that the work detailed in part A can be carried out with suitable control measures are in place and that I have informed all those whose work may be affected: |
| Permit Issued by |  | Signature |  | Date |  |  |
|  |
| **Part C – To be completed by person accessing the area** |
| I have read and understood the precautions required and the restrictions place on the time and place of work. I understand that this permit deals with access in an asbestos contaminated area and other permits may be required; e.g. hot works. |
| Name of Operative |  | Signature |  | Date |  |  |
|  |  |
| **Part D – To be completed by person accessing the area, once works are complete** |  |
| The work described in Part A has been completed and all personnel, materials and equipment withdrawn. |
| Name of Operative |  | Signature |  | Date |  |  |
|  |  |
| **Part E – To be completed by issuer** |
| I accept that the work described in Part A has been completed and that the operative has followed the requirements of this permit. |
| Name of Issuer |  | Signature |  | Date |  |  |