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 | |  | |  |