To be completed by the University Asbestos Manager before all asbestos removal works.

|  |  |
| --- | --- |
| **Work Information** |  |
| Job Number |  |  |
| Contractor |  | Proposed Dates | From: |  |
| To: |  |
| Exact LocationPlease detail all areas that require sampling (please attach plans to this request if necessary)  |  |  |
| Details of Work to be DonePlease provide as much detail as possible, including types of asbestos/materials involved |  |  |
| Project / CompliancePlease circle as appropriate  | **PROJECT**  | [ ]  | **COMPLIANCE**  | [ ]  | Initiator  |  |  |
| AnalystPlease include contact details  |  |  |
|  |  |
| **Checks** | **Yes** | **No** | **Details** |  |
| Is the work notifiable to the HSE? | [ ]  | [ ]  |  |  |
| Is the ASB5 available and completed correctly (If applicable) and HSE license copy available? | [ ]  | [ ]  |  |  |
| Is the Plan of Works available and satisfactory?It includes stripping techniques, wetting methods, air tests etc | [ ]  | [ ]  |  |  |
| Are all operatives training records, face fit tests and medical certificates available and satisfactory? | [ ]  | [ ]  |  |  |
| Is all site equipment 110v, in working order and within test?Including H-types Vacuums and NPUs | [ ]  | [ ]  |  |  |
| Is decontamination unit in place, in working order and with clearance from previous job? | [ ]  | [ ]  |  |  |
| Is an enclosure required?If so, what are the approx. dimensions? …………x………….x………….. | [ ]  | [ ]  |  |  |
| With the above enclosure volume, is the negative pressure level satisfactory and are NPUs in appropriate locations? | [ ]  | [ ]  |  |  |
| Are all necessary signs, vision panels (or CCTV) and access restrictions in place? | [ ]  | [ ]  |  |  |
| Has a smoke test been carried out, passed and witnessed?Please complete smoke test certificate prior to authorising work | [ ]  | [ ]  |  |  |
|  |  |  |  |  |
| **Authorisation** |  |
| Checked by |  | Signature |  | Date |  |  |

To be retained in project file