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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Work Information** | | | | | | | | | | | | |  |
| Job Number | |  | | | | | | | | | | |  |
| Contractor | |  | | | | | | | Proposed Dates | | From: | |  |
| To: | |  |
| Exact Location  Please detail all areas that require sampling (please attach plans to this request if necessary) | |  | | | | | | | | | | |  |
| Details of Work to be Done  Please provide as much detail as possible, including types of asbestos/materials involved | |  | | | | | | | | | | |  |
| Project / Compliance  Please circle as appropriate | | **PROJECT** | |  | **COMPLIANCE** | | |  | Initiator | |  | |  |
| Analyst  Please 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