To be completed by the University Asbestos Manager. To be stored on the individual’s personnel record for 40 years.

Exposure shall be taken to mean exposure to a level that exceeds the current Control Limits set out in the Control of Asbestos Regulations.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Information** | | | |  |
| Name of Employee | |  | |  |
| Date and Time of Incident | |  | |  |
| Nature of Exposure  Please detail damage or work to ACM, uncontrolled release of asbestos fibre from asbestos removal enclosure etc. | |  | |  |
| Location of Incident  Detail where the incident took place | |  | |  |
| Type of Asbestos Fibre/Asbestos Material | |  | |  |
| Duration and level of exposure  As measured by personal air test monitoring | |  | |  |
|  | | | |  |
| **Record Actions** | | | |  |
|  | Person air monitoring undertaken | Date | Signature |  |
|  |  |
|  | Copies of analytical records attached to this document | Date | Signature |  |
|  |  |
|  | Post exposure procedure followed  See below for details | Date | Signature |  |
|  |  |
|  | Occupational Health Referral | Date | Signature |  |
|  |  |
|  |  |
|  | | | |  |
| **Comments** | | | |  |
|  | | | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Authorisation –** Completed by University Asbestos Manager | | | | | |  |
| Name |  | Signature |  | Date |  |  |

To be retained of employees personnel file for 40 years.