To be completed by the Line Manager of the person entering the contaminated space to confirm entry procedure is followed satisfactory.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Work Information** | | | | | | | | | | | | | |  |
| Job Number | |  | | | | | | | | | | | |  |
| Operative(s) Name(s) | |  | | | | | | | | | | | |  |
| Date | |  | | | | | | | Time | |  | | |  |
| Exact Location | |  | | | | | | | | | | | |  |
| Details of Work being Done | |  | | | | | | | | | | | |  |
| **Training** – Please confirm operative(s) has received the required training | | | | | | | | | | | | | |  |
| UKATA Asbestos awareness training completed in last 12 months | | | | |  | Toolbox talk Entry to Contaminated Areas completed in last 12 months | | | | | | |  | |
| Read and understood task risk assessment/method statement | | |  | |  | Understands Emergency Procedure | | | | | | |  | |
| **Equipment –** Please confirm the following equipment is present | | | | | | | | | | | | | | |
| Disposable Overalls (Type 5/6) (PPE) | | |  | |  | Face Fitted Disposable Facemask (FFP3)  (PPE) | | | | | | |  | |
| Disposable Oversboots  (PPE) | | |  | |  | Asbestos Waste Bags (Red and Clear) | | | | | | |  | |
| Gaffer Tape | | |  | |  | 1000 Gauge Plastic Drop Sheet | | | | | | |  | |
| Wet Wipes | | |  | |  | Working Mobile Phone / Radio  (Please delete as appropriate) | | | | | | |  | |
| **Procedural Checks** | | | | | | | | | | | | | |  |
| **Entry to area** | | | | | | | | | | | | Yes | No | |
| Is there a permit to Access an Asbestos Contaminated Area present? | | | | | | | | | | | |  |  | |
| Have all local apertures (doors, windows, etc) closed to prevent unauthorised access? | | | | | | | | | | | |  |  | |
| Has the area been cleaned with wet wipes? | | | | | | | | | | | |  |  | |
| Has all PPE been put on correctly (Donning) as per toolbox talk SAF-TRA-ASB? | | | | | | | | | | | |  |  | |
| Is the plastic drop sheet on the floor immediately outside the entry point? | | | | | | | | | | | |  |  | |
| Are the corner of the plastic sheet tapped down? | | | | | | | | | | | |  |  | |
| Are the empty red and clear asbestos waste bags and wet wipes on the drop sheet? | | | | | | | | | | | |  |  | |
| On entry, were the access points closed? | | | | | | | | | | | |  |  | |
| Were any personal belongings taken into contaminated area? | | | | | | | | | | | |  |  | |
| **During the Works** | | | | | | | | | | | | | | |
| Were PPE and facemask worn throughout the works? | | | | | | | | | | | |  |  | |
| Was the task risk assessment followed at all times? | | | | | | | | | | | |  |  | |
| **Leaving area** | | | | | | | | | | | | | | |
| When leaving, did operative remain on the drop sheet at all times? | | | | | | | | | | | |  |  | |
| Were any tools cleaned correctly? | | | | | | | | | | | |  |  | |
| Was the doffing process followed? | | | | | | | | | | | |  |  | |
| Was the clearing process followed? | | | | | | | | | | | |  |  | |
| Overall, was the procedure performed satisfactorily? | | | | | | | | | | | |  |  | |
|  | | | | | | | |  |  |  | | | |  |
| **Managers Confirmation** – I confirm I observe the above operative and the outcomes are detailed on this checklist | | | | | | | | | | | | | |  |
| Name |  | | | Signature | | |  | | | Date | |  | |  |