



# ASBESTOS REMOVAL CHECKLIST – HIGH RISK WORK

This checklist must be completed, reviewed and accepted by the Authorised Competent Person or Responsible Officer before the work proceeds.

Only the work listed may be carried out. Under the current Occupational Health and Safety legislation, workplaces must comply with the *Code of Practice for the Safe Removal of Asbestos 2nd Edition [NOHSC: 2002(2005)]* and *Code of Practice for the Management and Control of Asbestos in Workplaces [NOHSC 2018 (2005)]* which specifies obligations in relation to asbestos containing materials.

In line with this requirement, the University has an Asbestos Management Plan (AMP), Asbestos Management Register (AMR) and supporting documentation for the management of asbestos containing materials on our campuses.

**THIS DOCUMENT SHOULD BE DISPLAYED WITH THE ASBESTOS REMOVAL PERMIT  
ADJACENT TO THE ASBESTOS REMOVAL AREA**

<b>1. Contractor Details:</b>			
<b>Company Name:</b>			
<b>Licence Number:</b>	<b>Restricted Licence</b>	<input type="checkbox"/>	<b>Unrestricted Licence</b>
		<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Permit Details:</b>			
<b>Date of removal:</b>	<b>Time:</b>	<b>Estimated duration of work:</b>	
<b>Location of removal:</b>			
<b>2.1 Asbestos Containing Material Details</b>			
<b>Type:</b>	<b>Friable</b>	<input type="checkbox"/>	<b>Non-Friable</b>
		<input type="checkbox"/>	<input type="checkbox"/>
<b>Condition:</b>	<b>Fair</b>	<input type="checkbox"/>	<b>Poor</b>
		<input type="checkbox"/>	<input type="checkbox"/>
<b>Removal Quantity:</b>			
<b>Asbestos Register Hazard ID Number:</b>			
<b>2.2 Required Documentation (please attach the documents listed below)</b>			
<input type="checkbox"/>	Records of all relevant training for all persons named on the permit (e.g. asbestos training, first aid etc..)		
<input type="checkbox"/>	Asbestos removal control plan (Including Emergency Procedure)		
<input type="checkbox"/>	Location plan		
<input type="checkbox"/>	Job Safety Analysis or Safety Work Method Statement		
<b>3. Permit Conditions</b> <i>(be aware the conditions may change during entry and need continuous review)</i>			
<b>3.1 Permits Required</b> <i>(tick all that apply)</i>			
<b>Access</b>	<input type="checkbox"/>	<b>RPA Flight</b>	<input type="checkbox"/>
			<input type="checkbox"/>
<b>Fire Systems Isolation</b>	<input type="checkbox"/>	<b>Low Voltage Electrical Isolation</b>	<input type="checkbox"/>
			<input type="checkbox"/>
<b>Mechanical Fire Systems Isolation</b>	<input type="checkbox"/>	<b>Gas Isolation</b>	<input type="checkbox"/>
			<input type="checkbox"/>
<b>Crane</b>	<input type="checkbox"/>	<b>Dig / Excavate</b>	<input type="checkbox"/>
			<input type="checkbox"/>
<b>Working at Heights</b>	<input type="checkbox"/>	<b>Other (specify please)</b>	<input type="checkbox"/>
			<input type="checkbox"/>
<b>3.2 Communication Method (tick al that apply)</b>			
<b>Visual / Audible Contact</b>	<input type="checkbox"/>	<b>Hand Held Radio CH</b>	<input type="checkbox"/>
			<input type="checkbox"/>
<b>Other (please specify)</b>			



<b>3.3 Additional Personal Protective Equipment (tick all that apply)</b> <i>(Mandatory PPE: Coveralls; Gloves; P2 Respirator; Safety Glasses/Goggles; Safety Boots)</i>			
Hearing Protection	<input type="checkbox"/>	Chemical Respirator	<input type="checkbox"/>
		Face Shield	<input type="checkbox"/>
Other (please specify)			<input type="checkbox"/>
<b>3.4 Other Equipment Requirements (tick all that apply)</b>			
32V (ELV) Lighting	<input type="checkbox"/>	Residual Current Device (RCD)	<input type="checkbox"/>
		Decontamination Unit	<input type="checkbox"/>
Fire Extinguisher	<input type="checkbox"/>	Extraction Ventilation	<input type="checkbox"/>
		Other (please specify)	<input type="checkbox"/>
<b>4. Stakeholder Notification</b>			
Stakeholders Notified of Works:	Yes	<input type="checkbox"/>	No
		<input type="checkbox"/>	<input type="checkbox"/>
Communication Form:	Verbal	<input type="checkbox"/>	Email
		<input type="checkbox"/>	<input type="checkbox"/>
Stakeholders Notified: (please specify)			
<b>5. Permit Acceptance</b>			
<b>5.1 Acceptable of Permit Conditions (to be signed by all personnel involved in the asbestos removal)</b>			
I understand and accept the conditions and precautions detailed on this permit and shall ensure that all personnel involved in the asbestos removal are informed of them.			
Supervisor:	Signature:	Date:	Time:
Name:	Signature:	Date:	Time:
<b>5.2 Preparation / Requirements (to be completed by Curtin Responsible Officer)</b>		Yes	No
1. Review the relevant Asbestos Register with the contractor		<input type="checkbox"/>	<input type="checkbox"/>
2. Provided details of the ACM to be removed (quantity, condition, material type and whether it is friable or non-friable).		<input type="checkbox"/>	<input type="checkbox"/>
3. Provided a location plan detailing the asbestos removal area boundaries, type and extent of isolation required, exit routes and the location of any signs and barriers.		<input type="checkbox"/>	<input type="checkbox"/>
4. Asbestos Removal Control Plan has been completed and provided to the Curtin Responsible Officer / Project Manager and HSEM.		<input type="checkbox"/>	<input type="checkbox"/>
5. Provided copies of Job Safety Analysis or Safe Work Method Statements to the Curtin Responsible Officer and HSEM.		<input type="checkbox"/>	<input type="checkbox"/>
6. Have all contractor employees completed the Curtin online induction training?		<input type="checkbox"/>	<input type="checkbox"/>
7. Air monitoring by an independent hygienist/asbestos assessor required?		<input type="checkbox"/>	<input type="checkbox"/>
<b>5.3 Permit Authorisation (to be signed by Curtin Responsible Officer / Permit Issuer)</b>			
I verify the conditions and requirements detailed on this permit have been met and authorisation is granted to comment the asbestos removal under the conditions described on this permit.			
Curtin Responsible Officer (print name):	Signature:	Date:	Time:
<b>6.0 Permit –Complete:</b>			
I have received the Asbestos Clearance Certificate and provided a copy to <a href="mailto:asbestos@curtin.edu.au">asbestos@curtin.edu.au</a>			
Curtin Responsible Officer (print name):	Signature:	Date:	Time:
<b>7.0 Permit – Complete Closure:</b>			
I have received the Asbestos Disposal Receipt and provided a copy to <a href="mailto:asbestos@curtin.edu.au">asbestos@curtin.edu.au</a>			
Curtin Responsible Officer (print name):	Signature:	Date:	Time: