

# Asbestos Permit to Work Form



Permit/Work Order No: \_\_\_\_\_ **Valid:** From: Time: \_\_\_\_\_ Date: \_\_\_\_\_ Until: Time: \_\_\_\_\_ Date: \_\_\_\_\_

PART A		
Site, Buildings and/or Equipment affected:	Description of Work Area	Work Description:

Initiating Work Order / Purchase Order (where applicable): \_\_\_\_\_

Special Conditions (if any) required by the person commissioning the work: \_\_\_\_\_

PART B	
BEFORE THE WORK COMMENCES	
<b>Contractor</b>	<p><b>ACKNOWLEDGEMENT:</b></p> <ul style="list-style-type: none"> <li>I will ensure that I and all workers (including sub-contractors<sup>1</sup>) who perform work in the work area specified in this permit will comply with the “General Conditions of Access” and any “Special Conditions of Access” attached to this Permit.</li> <li>I have read and understood the Site Specific Asbestos Management Plan</li> <li>I have received a copy of the site asbestos register and am aware of all ACM locations.</li> <li>I have given a copy of the asbestos removal control plan to the Contact (if required).</li> <li>I have given a copy of the Safe Work Method Statement (SWMS) to the Contact (if required).</li> <li>I have notified the Regulator in writing of the work being conducted if it is licensed asbestos removal work. (copy attached)</li> <li>I have notified any owner / occupier of the domestic premises in the immediate vicinity.</li> </ul> <p>Contractor’s Name<sup>2</sup>: Name (Print) x ..... Signature x..... Organisation: x..... Time: ..... Date: .....</p> <p>Contact No: Office: ..... Mobile: ..... Asbestos Licence No.: ..... Type: <input type="checkbox"/> A <input type="checkbox"/> B</p>
<b>Sub-Contractors</b>	<p>Business Name: _____ Contact Details: (name, phone numbers) _____</p> <p>_____</p> <p>_____</p>

<sup>1</sup> Business names of all proposed sub-contractors for the work must be listed in the space provided at the bottom of this page.

<sup>2</sup> Name of the person who accepts responsibility for the on-site supervision and conduct of the work

Check this is the latest version before use.

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## PART C

<b>Contact</b>	<b>ACCESS AUTHORISATION:</b> Permission to access the work area is granted.		
	• Asbestos Manager (as per Notification of Contractor Asbestos Related Work or Asbestos Removal Work Form) Yes <input type="checkbox"/> No <input type="checkbox"/>	Notification provided by the person commissioning the work to	
	• approved:	Asbestos Removal Control Plan or Safe Work Method Statement Yes <input type="checkbox"/> No <input type="checkbox"/> (attach copy to permit to work)	
	Name of Site Workplace Representative advised – if applicable (print) .....		
	<b>Contact:</b>		
Name (Print) .....		Signature .....	Organisation: .....
Time: .....		Date: .....	
(or delegate)			

*Note: This section of the Permit only grants permission to the Service Provider to access the designated work area to undertake the work described on this Permit. It does not:-*  
 i) signify approval of the scope of work; or  
 ii) alter any contractual or statutory obligations for the work, or iii) provide approval for any variation to the contract for the work.

## PART D

### CLEARANCE INSPECTION

Note: This section **must** be completed prior to reoccupation of the area after any Asbestos Removal Work or work that involved the disturbance of asbestos containing materials (ACM) has been undertaken.

**CLEARANCE:** The Asbestos Removal Work / Work that involved the disturbance of ACM is complete. The work area has been thoroughly inspected and cleaned. There is no visual evidence of dust or debris and this area is now cleared for re-occupancy.

#### Licensed Asbestos Assessor /Competent person

Name (Print) .....	Signature .....	Organisation: .....
Time: .....	Date: .....	Licence Number: .....

**\*\*\*ATTACH A COPY OF CLEARANCE CERTIFICATE**

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## PART E

### AFTER THE WORK IS COMPLETED

<b>Contractor</b>	<p><b>COMPLETION:</b> The work described on the Permit has now been completed. The work was carried out in accordance with all relevant statutory requirements and the Asbestos Removal Control Plan (where required) or the Safe Work Method Statement. The work area has been thoroughly inspected and cleaned and is now available for return to normal use.</p> <p>Trackable waste certificate (if applicable) Yes <input type="checkbox"/> No <input type="checkbox"/> (attach copy to permit to work)</p> <p>Quantity and type of ACM that was removed from site (m<sup>2</sup> or Kg) .....</p>
	<p><b>Contractor:</b></p> <p>Name (Print) ..... Signature ..... Organisation: .....</p>
	<p>Time: ..... Date: .....</p>
	<p>(or delegate)</p>

## PART F

<b>Contact</b>	<p>I have been advised that the work is completed, the area has been left in a clean and safe condition, and access is no longer required.</p> <p><b>This Permit is now closed.</b></p>
	<p><b>Contact:</b></p> <p>Name (Print) ..... Signature ..... Organisation: .....</p>
	<p>Time: ..... Date: .....</p>
	<p>(or delegate)</p>

**Note:** This section of the Permit is only acknowledgement that advice has been received from the Contractor that the work has been completed and the work area is available for return to normal use. It does not i) signify acceptance of the work as satisfactory, ii) alter any contractual or statutory obligations for the work, or iii) provide approval for any variation to the contract for the work.

## PART G

### Update of the Asbestos Register:

- |    |  |                              |                             |
|----|--|------------------------------|-----------------------------|
| 1. | Did the work involve contact with or working on any Asbestos Containing Material (ACM)?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Did the work involve removing or replacing any ACM (including presumed ACM)?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Did the work involve any sample testing or air-monitoring for asbestos?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | Was any ACM discovered during the work that was not previously recorded? (eg concealed in a cavity)?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. | MST cancelled if all ACM has been removed?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. | Asbestos Register updated  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. | Permit to Work, Clearance Certificate and Asbestos Removal Control Plan or SWMS attached in portal <b>and copies sent to the Asbestos Manager?</b> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |