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| **Part 1: Person Requesting the Removal** (**Permit to Work Initiator**) | | | | | | | | | | | | | | | | | | | | | |
| Name of person requesting removal: | | | | | | | | | | | | | Phone Number: | | | | | | | | |
| Date: | Location of removal: | | | | | | | | | | | | | | | | | | | | |
| Description of removal: | | | | | | | Description of asbestos material: | | | | | | | | | | | | | | |
| Is this material listed within Asbestos Register? Yes  No | | | | | | | Description in Register: | | | | | | | | | | | | | | |
| Class of Removal: Friable/ Class A  Bonded/Class B | | | | | | | Item number in Register: | | | | | | | | | | | | | | |
| **Part 2: Removal Details**  (completed by person performing / supervising asbestos removal work (**Permit to Work Acceptor**) | | | | | | | | | | | | | | | | | | | | | |
| Name of supervising removalist: | | | | | | | | | Phone Number: | | | | | | | | | | | | |
| Removal Licence Class : A  B | | | | | Licence Number: | | | | | | | | | | | | | | | | |
| Names and Licence Numbers for all other personnel involved in removal: | | | | | | | | | | | | | | | | | | | | | |
| Name | | Licence Number | | | | | | Name | | | | | | | | | Licence Number | | | | |
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| **Prestart Checklist** (Removal is not to be authorised or commence until all items below are checked off) | | | | | | | | | | | | | | | | | | | | | |
| Removalists listed above are on a health monitoring plan that included an initial baseline assessment and re-occurs every 2 years. | | | | | | | | | | | | | | | | | | | | |  |
| Removal Supervisor is readily available and will be present while removal occurs | | | | | | | | | | | | | | | | | | | | |  |
| All personnel involved in removal have Blue Card and Asbestos Awareness Card | | | | | | | | | | | | | | | | | | | | |  |
| All relevant people (including building occupants, occupants of neighbouring buildings) have been notified and provided all relevant information of removal – attach details of these communications to permit. | | | | | | | | | | | | | | | | | | | | |  |
| A copy of Asbestos Register is available for review if requested | | | | | | | | | | | | | | | | | | | | |  |
| Asbestos Removal Control Plan has been submitted and a copy is attached to this permit | | | | | | | | | | | | | | | | | | | | |  |
| Job Safety Analysis (JSA) FRM-1001 and any SWMS is completed and attached | | | | | | | | | | |  | | | | | JSA Number: | | | | | |
| Regulator has been notified of removal (If a written notification was supplied, a copy of this is attached) | | | | | | | | | | | | | | | | | | | | |  |
| Demolition Work Application form provided to Worksafe ACT? Yes (Copy attached) | | | | | | | | | | | | | | Not Applicable | | | | | | | |
| Site of removal has been barricaded and “ Asbestos Removal” warning signs are in place | | | | | | | | | | | | | | | | | | | | |  |
| Decontamination facilities are in place | | | | | | | | | | | | | | | | | | | | |  |
| A plan is in place for appropriate waste containment and disposal | | | | | | | | | | | | | | | | | | | | |  |
| Licenced Independent Assessor performed initial clearance inspection (Requirement for Class A, Class B over 10m2 of material.) | | | | | | | | | | | | | | | | | | | | N/A | |
| Name of Licenced Independent Assessor performing Clearance: | | | | | | | | | | | | Phone Number: | | | | | | | | | |
| Anticipated duration of removal: | | | | | | Anticipated Start Date: | | | | | | | | | | | | | | | |
| **Part 3: Permit Authorisation** (completed by **Asbestos PTW Authoriser,** and **Permit to Work Acceptor**). | | | | | | | | | | | | | | | | | | | | | |
| (to be completed and signed by University of Canberra **Asbestos Permit Authoriser**) | | | | | | | | | | | | | | | | | | | | | |
| I authorise this work based on the control measures and precautions for the safe removal of asbestos listed on or attached to this form. I have been informed by the Permit to Work Initiator that the listed controls are already in place. The Permit to Work Acceptor has also agreed to ensure all persons performing work under this permit will be advised, understand and adhere to its requirements. | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | Signature: | | | | | | Date: | | | | | | | | | Time: | | | |
| **Permit to be valid until**: | | | Date: | | | | | | Time: | | | | | | | | | | | | |
| (to be completed and signed by **Permit to Work Acceptor**) | | | | | | | | | | | | | | | | | | | | | |
| I will be in charge of this removal; I have discussed this work with the Permit Authoriser and understand all aspects of the task. I am appropriately licenced and experienced to complete this removal and shall comply with all provisions of this permit and shall convey these provisions to all persons involved in this removal. | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | Signature: | | | | | | Date: | | | | | | | | | Time: | | | |
| **Part 4: Application for Permit Closure** (to be completed by **Permit to Work Acceptor**) | | | | | | | | | | | | | | | | | | | | | |
| (to be completed by **Permit to Work Acceptor**)  I advise that the Asbestos removal is complete and certify that the area has been decontaminated, all isolations, locks, tags and barricades have been removed, guards put back in place and the area returned to a safe and operable condition.  **Also:** | | | | | | | | | | | | | | | | | | | | | |
| The Clearance Inspection is complete and certificate signed by the independent licensed assessor. Yes  Not applicable | | | | | | | | | | | | | | | | | | | | | |
| All asbestos waste has been removed & transported to licenced disposal facility :  On this basis I apply for closure of this Permit. | | | | | | | | | | | | | | | Phone Number: | | | | | | |
| Permit to Work Acceptor: | | | | Signature | | | | | | Date: | | | | | | | | | Time: | | |
| **Part 5: Permit Closure** (to be completed by **Permit to Work Authoriser**) | | | | | | | | | | | | | | | | | | | | | |
| I have been advised by Permit to Work Acceptor that this work area has been returned to a safe and operable condition as per all current legislative requirements for asbestos removal work and on this basis authorise closure of this Permit | | | | | | | | | | | | | | | | | | | | | |
| Permit to Work Authoriser: | | | | Signature | | | | | | Date: | | | | | | | | | Time: | | |