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| **Part 1: Person Requesting** (**Permit to Work Initiator**) | | | | | | | | | | | | | | | | |
| Name of person requesting access: | | | | | | | | | | Phone Number: | | | | | | |
|  | | | | | | | | | | Date: | | | | | | |
| Description of work: | | | | | | | | | | | | | | | | |
| **Exact Location:** | | | | | | | | | | | | | | | | |
| Building: | | | Room Number: | | | | | | | | Level: | | | | | |
| **Part 2: Work Details**  (completed by person performing / supervising work (**Permit to Work Initiator**) | | | | | | | | | | | | | | | | |
| Name of supervisor/ person performing work: | | | | | | | Phone Number: | | | | | | | | | |
| ACM Removal Licence : A  B  None | | | | Removalist Licence Number: | | | | | | | | | | | | |
| Names and proof of ACM Awareness Training for all other personnel involved in work: | | | | | | | | | | | | | | | | |
| Name | Training / licence # | | | | | Name | | | | | | | Training / licence # | | | |
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| **Prestart Checklist** (Work is not to be authorised or commence until all items below are checked off) | | | | | | | | | | | | | | | | |
| Works Supervisor is readily available and will be present while ceiling work occurs | | | | | | | | | | | | | | | |  |
| All personnel involved in work have performed Asbestos Awareness training | | | | | | | | | | | | | | | |  |
| All personnel involved in work have been informed of the ACM mastic that exists in building 6/7 and can identify | | | | | | | | | | | | | | | |  |
| All relevant people affected have been notified and provided all relevant information of work – attach details of emails | | | | | | | | | | | | | | | |  |
| Job Safety Analysis (JSA) FRM-1001 and any SWMS is attached | | | | | | | |  | | | |  | | | | |
| Regulator has been notified of work (required if in vicinity of ACM affected ceiling spaces) Yes | | | | | | | | | | | | | | | | N/A |
| Licenced Independent Assessor performed initial inspection and has cleared area. Yes No – Inspection Required first | | | | | | | | | | | | | | |  | |
| An ACM mastic joint exists within building 6 (and possibly 7) and is of a friable nature and variable condition. Therefore any works in ceiling spaces where it is known to exist needs to be performed by a class A removalist. | | | | | | | | | | | | | | |  | |
| Name of Licenced Independent Assessor who Cleared area prior to work: | | | | | | | | | Phone Number: | | | | | | | |
| Anticipated duration of work: | | | | | 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 listed on or attached to this form. The area of work has been confirmed as clear of any ACM risk via a licenced independent assessor and on this basis work shall proceed under this permit. 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 work; 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 work am aware of the friable mastic that exists within the building and shall comply with all provisions of this permit and shall convey these provisions to all persons involved in this work. | | | | | | | | | | | | | | | | |
| Name: | | Signature: | | | | | Date: | | | | | | | Time: | | |

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| **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 work is complete and certify that the area has been made safe, 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:** | | | |
| ON this basis I close this permit | | | |
| 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 and on this basis authorise closure of this Permit | | | |
| Permit to Work Authoriser: | Signature | Date: | Time: |

**The friable Mastic Joint.**

**Known to exist**: in the Besser Block to ceiling joint. Confirmed instances are currently only along walls where water services run through the ceiling cavity.

**Appearance:** It appears to be a beading of fibre glass along the top of the block wall where a friable ACM product was then applied to this with a trowel. So it can look quite messy and can be smeared down the wall from the joint a couple of inches and vary in thickness from a centimetre right down to a bare millimetre. If damaged in the past it could be sitting on the top of ceiling tiles etc. So far it has only been found in areas where services run so might have been added as a thermal insulation. It’s not fire insulation due to the high fibreglass content and so not necessarily found on firewalls.

 