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| **Asbestos Work Permit** | **For Works where Asbestos or other Hazardous Building Materials has been identified.**  **The Asbestos Removal Contractor/Occupational Hygienist to complete in conjunction with the Asbestos Coordinator.** |
| **PART A – Work Permit Details – Work Permit and Documentation to be Displayed at Job Entry** | |
| **Campus: Work order / Project number: Date of request:** ........ /........ /........ | |
| **University Project Officer or Coordinator**  **Mobile No** ( ) **Email** | |
| **#Emergency and after-hours contact name (eg. Head, Facilities or Project Officer)**  **Telephone** ( ) or **As Above** | |
| **Location and description of asbestos containing materials:- Building No. \_\_\_\_\_\_\_\_\_\_\_\_\_ Room No**. \_\_\_\_\_\_\_\_\_\_  **Location/ Space Description**: | |
| **#Building Contractor’s Company Name:**  **Company Representative**  **Telephone** ( ) **Email** | |
| Where the Division 6 Asbestos and Hazardous Building Materials Audits indicate the presence of asbestos or other hazardous materials which will need to be removed, the following details must also be completed:  ***A copy of the completed Division 6 Asbestos and Hazardous Building Materials Audits must be attached to this form***  **#Division 6 Asbestos and Hazardous Building Materials Audit ID** ……………………………...….. **Date**........ /........ /........  **Asbestos Removal Consultant/Occupational Hygienist Company Name**  **Company Representative**  **Telephone** ( )  **Email**  **#Asbestos/Hazardous Building Materials Removalist Company Name**  (#Not required for limited removal work)  **Company Representative**  **Telephone** ( ) **Email**  Has the Contractor/Asbestos Removalist provided a copy of their Victorian WorkCover Authority Notification? Yes / No?  If so, please attach. (#Not required for Limited Asbestos Removal < 10 m2 < 1 hr duration) | |
| **PART B - Acceptance of Work Permit** | |
| **I / WE HAVE READ AND UNDERSTOOD THE PERMIT REQUIREMENTS AND WILL UNDERTAKE TO WORK IN ACCORDANCE WITH THE VICTORIAN OCCUPATIONAL HEALTH AND SAFETY REGULATIONS 2017**  **ACM Removal Contractor’s name** signature  **Occupational Hygienist’s name** signature  **VU Asbestos Coordinator’s name** signature  (Electronic approval OK) | |

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| **PART C - Approval of Work Permit – Work may commence when checklist is signed off** | | | | |
| **Checklist:** | |  | | |
| #Division 6 Asbestos and Hazardous Building Materials Audit - attached | Yes / No | Work area has been properly isolated, signed and barricaded | | Yes / No |
| #Worksafe Notification Forwarded | Yes / No | Persons working in adjacent rooms/areas notified | | Yes / No |
| Asbestos Coordinator notified | Yes / No | P & C OHS Team notified | | Yes / No |
| Relevant Department Manager notified | Yes / No | Asbestos Control Plan approved by Occupational Hygienist | | Yes / No |
| Department Manager asked to notify HSR’s | Yes / No | Safe Work Methods Current and adequate | | Yes / No |
| Persons on job have completed Asbestos Awareness training | Yes / No | Adequate PPE is provided with containers for disposal | | Yes / No |
| #Area air monitoring (if required) has been set up and arrangements made | Yes / No | Other ……………………………………………… | | Yes / No |
| # Not required for limited asbestos removal work i.e. less than 10 m2 less than one hour duration | | | | |
| **University Project Officer or Coordinator** signature  ***Asbestos Removal Contractor/Occupational Hygienist*** *signature* | | | | |
| **PART D – Occupational Hygienist Clearance Inspection** | | | #Can be completed by OHS Occupational Hygienist for limited removal work | |
| **Date of inspection**........ /........ /.....…….  **Evaluation of work**  **Clearance Certificate ID** ……………….…………………………...….. **Date**........ /........ /........  (#Clearance certificate not required for limited removal work)  **I HAVE CHECKED THE LOCATION WHERE WORK HAS BEEN CARRIED OUT AND I AM SATISFIED THAT THESE WORKS HAVE BEEN COMPLETED IN ACCORDANCE WITH THE WORK PERMIT**  **Occupational Hygienists Signature** **Date**........ /........ /........ | | | | |
| **PART E – Occupational Hygienist’s Reports – Post Job** | | | | |
| #Has a copy of the visual inspection and clearance been attached? Yes 🞏  #Have asbestos fibre monitoring reports been attached? Yes 🞏  #Append the asbestos fibre atmospheric monitoring report, the visual inspection by hygienist and clearance letter  **I AM SATISFIED THAT THE WORKS HAVE BEEN COMPLETED IN ACCORDANCE WITH THE WORK PERMIT AND THAT THE AREA HAS BEEN CLEANED TO THE REQUIRED STANDARD. THE CLEARANCE RESULTS CONFIRM THAT THE AREA CAN BE SAFELY RE-OCCUPIED**  **Occupational Hygienist’s signature** **Date**........ /........ /........ | | | | |
| **PART F – Closure of Work Permit** | | | | |
| **University Project Officer or Coordinator** **Signature**  **Retain this completed form and associated documentation in a safe and secure location for at least 30 years. Scanning documents and storing electronically in Recfind is recommended.** | | | | |