



# Working Safely with Asbestos Checklist

(in accordance with Code of Practice for the Safe Removal of Asbestos NOHSC:2002(2005))

Form generated from [HSEAA-P-131 Working with Asbestos](#)

<b>Date:</b>
<b>Name/address of removal site:</b>
<input type="checkbox"/> <b>Industrial site</b> <input type="checkbox"/> <b>Public venue</b>

**Mandatory actions for all asbestos removal work:**

- All persons conducting work are trained in the safe removal of asbestos
- Copy of Asbestos Removal Control Plan on site

**If working under the Restricted Asbestos Licence the following shall also be in place:**

- Nominated Supervisor assigned for job
- Supervisor/Team Leaders trained in restricted asbestos license work if working under the Restricted Asbestos Licence (removal of more than 10m<sup>2</sup> of bonded (non-friable) asbestos)
- Copy of the Restricted Asbestos License, *Code of Practice for the Safe Removal of Asbestos 2<sup>nd</sup> Edition [NOHSC:2002 (2005)]*; and *Code of Practice for the Management and Control of Asbestos in Workplaces [NOHSC:2018 (2005)]* is on site if working under the restricted asbestos licence

1. Non-friable asbestos-containing material (ACM) to be removed (identify relevant asbestos types)		
Type of ACM	Condition (Good/Fair/Poor)	Quantity (length & width)
<input type="checkbox"/> Asbestos Cement pipe		
<input type="checkbox"/> Electrical Switch board Containing Asbestos (Zelemite)		
<input type="checkbox"/> Other: specify		

2. Personal protective clothing and equipment (tick all relevant PPE types to be used)	
<input type="checkbox"/>	Disposable overalls
<input type="checkbox"/>	Employees clean shaven
<input type="checkbox"/>	Half-face respirator (P1/ P2/ disposable/ cartridge)
<input type="checkbox"/>	Other: specify

3. Administrative controls (including securing area) (identify all appropriate controls to be used)	
<input type="checkbox"/>	Asbestos warning signs/ barricades/ safety tape
<input type="checkbox"/>	Other: specify

4. Controls/ work practices to control airborne asbestos fibres (identify all appropriate controls)	
<input type="checkbox"/>	Non-powered tool usage (i.e. chain cutters)
<input type="checkbox"/>	No unnecessary breakage
<input type="checkbox"/>	Wet methods (water)
<input type="checkbox"/>	Clean up debris throughout removal (i.e. wet-wipe, damp rags)
<input type="checkbox"/>	Other: specify

**\*Powered tools not to be used (e.g. Ring Saw/ Disk Cutter)\***

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<b>5. Decontamination procedures</b> (identify all appropriate decontamination procedures to be used)	
<b>Employees</b>	
<input type="checkbox"/>	Wet-wipe/ damp rag
<input type="checkbox"/>	Water spray (Water not to be sprayed at high pressure)
<b>Tools and equipment</b>	
<input type="checkbox"/>	Wet-wipe/ damp rag
<input type="checkbox"/>	Wash
<input type="checkbox"/>	Dispose of as asbestos waste
<input type="checkbox"/>	Other: specify

<b>6. Methods of disposal</b> (identify disposal methods to be adopted for asbestos waste and protective clothing/ equipment and any enclosures used)	
<input type="checkbox"/>	Double bagged and secured shut
<input type="checkbox"/>	Labelled as asbestos waste
<input type="checkbox"/>	Asbestos waste designated asbestos bins (skips)
<input type="checkbox"/>	Other: specify

<b>7. Clean up following removal</b> (Clean up practices to be used)	
<input type="checkbox"/>	Remove all visible debris
<input type="checkbox"/>	Wet-wipe/ damp rag
<input type="checkbox"/>	Visual inspection
<input type="checkbox"/>	Other: specify

<b>8. Other information</b>	
<hr/> <hr/> <hr/>	
Nominated supervisor/ team leader:	Date:
Plan completed by:	Date:

<b>9. Emergency Planning</b> (extra precautions in case of an emergency)	
<input type="checkbox"/>	First aid kit easily accessible
<input type="checkbox"/>	Muster point determined
<input type="checkbox"/>	Method of communication in an emergency determined and readily available (mobile phone/ satellite phone)
<input type="checkbox"/>	Decontamination equipment readily available

**Attach completed form to the task JSEA/SWMS**