* This checklist forms part of the Risk Assessment, Safe System of Work or a Permit to Work procedure.
* The competent person completing or supervising the work must complete the checklist.
* **Negative responses on the checklist must be justified** before any authorised work commences.
* This checklist is only valid when attached to a Risk Assessment, Safe System of Work or a Permit to Work.

**THIS DOCUMENT DOES NOT REPLACE THE NEED FOR AN ASBESTOS SURVEY OR REPLACE THE DUTY HOLDERS RESPONSIBILITY TO COMPLY TO: THE CONTROL OF ASBESTOS AT WORK REGULATIONS 2012 (CAR2012)**

|  |  |
| --- | --- |
| Work Location |  |
| Date |  |
| Reference Number |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** | **NO** | **N/A** |
| 1. Have you undertaken Asbestos Awareness Training in the last 12 Months

**(If NO Stop work and contact your supervisor)** |  |  |  |
| 1. Are you Qualified to level 1(A)

This qualification is a simple overview of the risks of exposure to asbestos within their working environment. Holders of this qualification will have the knowledge of asbestos but are NOT allowed to work on asbestos products. **(Stop work and contact your supervisor)** |  |  |  |
| 1. 3. Are you Qualified to level 2 (B)

Holders of this qualification will have the knowledge and skills to remove or work with low level asbestos in good condition, in a safe and competent manner on site. They will be able to set up enclosures, remove asbestos, package and dispose of the asbestos and perform cleaning and decontamination requirements. |  |  |  |
| 1. Are you Qualified to level C (licensed for the removal of asbestos products)
 |  |  |  |
| 1. Has the property had an Asbestos Survey and have you seen it
 |  |  |  |
| 1. Have Communal areas had asbestos surveys (as required by AAWR)
 |  |  |  |
| 1. Considering the type of work, do you **know** there may be asbestos involved

**(If YES Stop work and contact your supervisor)** |  |  |  |
| 1. Considering the type of work, do you **suspect** that there may be asbestos involved

**(If YES Stop work and contact your supervisor)** |  |  |  |
| 1. Considering the type of work, do you **expect** to disturb or work with ACM

**(If YES Stop work and contact your supervisor)** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** | **NO** | **N/A** |
| 1. Is the work Notifiable Non Licence work (NNLW) (14 days before work can commence)
 |  |  |  |
| 1. If the property contains or may contain asbestos (pre 2000 build) are all workers on site aware of the site emergency procedures?
 |  |  |  |
| 1. Have controls been put in place to prevent contamination of areas not associated with the work, or that could become exposed in unplanned release of fibres. E.g. closed doors, windows, air con shut down etc.
 |  |  |  |
| 1. If the work involves accessing locations where other risks are present e.g. fall from height, have appropriate protection measures been put in place
 |  |  |  |
| 1. Have suitable warning signage / barriers been erected to prevent unauthorised access to the area
 |  |  |  |
| 1. Are the areas access and egress routes free from obstruction
 |  |  |  |
| 1. Are independent Risk & Method Statements in place where there may be disturbance of asbestos in place as required in CAR 2012 (signed by the individual workers)
 |  |  |  |
| 1. Has a safe method for getting equipment / tools to work location / platform been identified
 |  |  |  |
| 1. Have suitable controls been put in place to satisfy questions 7, 8 and 9

**(If NO Stop work and contact your supervisor)** |  |  |  |
| 1. Is personal protective equipment available and is it being worn

 *(Indicate requirements)* ☐ - Head ☐ - Breathing (face fit tested) FFP3 ☐ - Eyes ☐ - Hearing ☐ - Hand ☐ - Body ☐ - Feet ☐ - Overalls type 5 overalls ☐ - Safety Harness ☐ - Inertia Reel ☐ - Safety Lanyard |  |  |  |

|  |
| --- |
| **NEGATIVE RESPONSES** |
| **Negative responses may indicate a failure to control a hazard, or achieve compliance with Asbestos Regulations. If the work task is to proceed, negative responses must be fully justified or explained in this section.** |
| Asbestos Site Survey Details:  |
| **CONFIRMATION** |
| This checklist has been satisfactorily completed, at the location of the proposed work, and **there are no significant reasons why work cannot proceed safely.** All responses and entries on the form have been agreed by both parties / signatories. |
| **Risk and Method Statement Number or Reference:** |
| RA……………………………………………………MS………………………………………. |
| **Worker** |
| Name (print) |  |
| Position |  |
| Signature |  |
| Date |  |
| **Supervisor** |
| Name (print) |  |
| Position |  |
| Signature |  |
| Date |  |
| **Client** |
| Name (print) |  |
| Position |  |
| Signature |  |
| Date |  |
| **Occupier**  |
| Name (print) |  |
| Position |  |
| Signature |  |
| Date |  |