

Asbestos Handling Notice

Notice #:	Site location(bld):		
Contact #:			
Licence #:			
Location of Asbestos (e.g. North Wall): Issued to (Name)			
Estimated qty (SqM) to be removed:			
Existing Condition (e.g. Lining 60% holed):			
The following checks are to be made before work Commences.			
Risk	Mitigation	Additional Mitigation	Adequate Y/N
Ventilation	Natural or Mechanical		
Personal Safety Equipment	Mask with filter, Suite and BA		
Encapsulation Method	Water Down, Cocoon, negative pressure		
Removal Method	Hand tools, Power tools, Plant		
Disposal Methods	Double wrapped and covered truck to authorised disposal tip		
Air Sampling	Pre-removal, Post-removal Certificate available to HIAPL		
Asbestos Register	Check register Pre-removal for accuracy.		
Job Acceptance Declaration			
I shall be responsible for the supervision of all members working on site and shall ensure all works are carried out in accordance with all relevant Australian Standards, Rules, Regulations and Working at Airport Sites.			
Name:	Signature:	Date:	Time:
Job Completion Declaration			
I have completed the works in accordance with all relevant Australian Standards, Rules, Regulations and Working at Airport Sites.			
Name:	Signature:	Date:	Time: