

ASBESTOS PERMIT

SECTION 1 - TO BE COMPLETED BY THE PERSON AUTHORISING THE PERMIT

Building or maintenance work on materials containing asbestos is prohibited, unless a permit to work has been issued to the personnel involved. This permit to work is issued to the nominated recipient for the specific occasion stipulated below:

Work Permit/MEX No:	
This permit is valid from:	hrs on to hrs on
This Permit is issued to:	Organisation/Company: Contact name: Contact Telephone Number:
Asbestos Licence number:	
Location of works:	Campus/Building:
Scope of works:	

- a) Will the works impact on or disturb the asbestos-containing materials? Yes No
- b) I have made available the Asbestos Register and JCU Asbestos Management Plan Yes No
- c) Risk Assessment has been carried out and is attached Yes No
- d) Safe Work Method Statement has been produced and is attached Yes No
- e) Has the asbestos been identified Yes No

I have examined the area specified and permission is given for the work to start, subject to the conditions hereon:

AUTHORISING PERSON: **TITLE:** **DATE:**...../...../.....

SECTION 2 - TO BE COMPLETED BY THE PERSON CARRYING OUT THE WORK

Asbestos-containing materials have been used in various locations throughout the University. Before approval is granted to proceed with work, confirm the following:

- a) I have examined the existing Asbestos Register Yes No
- b) Has the area where the intended works are to be performed been examined with EO rep? Yes No
- a) The appropriate asbestos work procedures as outlined in the JCU Asbestos Management Plan have been read and understood Yes No
- b) Is any person at risk of exposure to airborne asbestos? Yes No
- c) Is it necessary to evacuate occupants prior to work commencing?
Has the SWMS been signed by the workers Yes No

Precautions (tick as appropriate):	<input type="checkbox"/> Natural ventilations sealed <input type="checkbox"/> Mechanical ventilation isolated <input type="checkbox"/> Danger/hazard warning notices <input type="checkbox"/> Physical barriers and screens	<input type="checkbox"/> Protective equipment/clothing <input type="checkbox"/> Decontamination of area <input type="checkbox"/> Disposal of material <input type="checkbox"/> Air Monitoring
Other Precautions required :	Method/technique: Materials:	

Asbestos materials are not to be disturbed without the approval of the Estate Office. If any unknown materials, or materials suspected of containing asbestos are encountered, work is to cease immediately and the Estate Office notified.

- a) I have read and understood the requirements and procedures described in the JCU Asbestos Management Plan and this permit to work. Yes
- b) I hereby authorise JCU to engage an asbestos removal contractor to clean any asbestos debris/hazards that was created due to my/our Company activity which has not been adequately cleaned, as per the Code of Practice for the Removal of Asbestos, and agree the removal costs will be redeemable from the retention monies for the project or my/our company directly. Yes

NAME: **SIGNATURE:** **DATE:**...../...../.....

SECTION 3 - TO BE COMPLETED BY THE PERSON CARRYING OUT THE WORK AND EO

The permitted work has been completed and work site has been cleared of any asbestos debris/hazards.

NAME: **SIGNATURE:** **DATE:**...../...../.....

Clearance certificate presented Yes No N/A

AUTHORISING PERSON: **TITLE:** **DATE:**...../...../.....