

# Assessment and Plan of Work for Non – Licensable Asbestos Removal

Date of Works: \_\_\_\_\_

<b>Client details</b> Name:  Site name:  Address:  Telephone:		<b>Any additional notes relevant to safe working?</b>   	
<b>Type of premises</b> (Brief Description):			
<b>Exact location on the premises where the works are taking place:</b>  			
<b>State Operatives names:</b> .....			
<b>ACM's to be worked on:</b>	<input type="checkbox"/> Textile <input type="checkbox"/> Asbestos Cement <input type="checkbox"/> Floor Tiles <input type="checkbox"/> Textured Coating <input type="checkbox"/> Bitumen	<input type="checkbox"/> Mastic/paint <input type="checkbox"/> W/C Cistern <input type="checkbox"/> AIB (Short Duration)	
<b>Any other? Please specify:</b> .....			
<b>Type of Product e.g. Roof Sheets, Ceiling Coating</b> .....			
<b>Brief description of the works:</b>   			
<b>Extent or amount of ACM's to be removed/worked on: i.e. m<sup>2</sup></b>			
<b>Condition of the ACM:</b> <input type="checkbox"/> Good <input type="checkbox"/> Slight damage <input type="checkbox"/> Significant damage <input type="checkbox"/> Pre-clean required			
<b>Degree of difficulty or removal:</b> <input type="checkbox"/> Easy <input type="checkbox"/> Average <input type="checkbox"/> Difficult <input type="checkbox"/> Very difficult			
<b>Proximity of others/third parties etc:</b> <input type="checkbox"/> Next to work area <input type="checkbox"/> On the level/floor above <input type="checkbox"/> On the level/floor below <input type="checkbox"/> More than 10 metres away  <input type="checkbox"/> Premises vacant Other please state: .....			
<b>Type of work access requirements of the site:</b>	<input type="checkbox"/> None <input type="checkbox"/> Ladders <input type="checkbox"/> Fixed scaffold <input type="checkbox"/> Mobile tower		
<b>Type of asbestos:</b>	<input type="checkbox"/> Crocidolite <input type="checkbox"/> Chrysotile <input type="checkbox"/> Actual sample	<input type="checkbox"/> Amosite (grunerite) <input type="checkbox"/> Mixture <input type="checkbox"/> Assumed analysis	
<b>Type of control measures to be used:</b>	<input type="checkbox"/> Class H Vacuum <input type="checkbox"/> Spray wetting <input type="checkbox"/> Foam/Paste (Drilling)	<input type="checkbox"/> Other..... ..... .....	
<b>Estimated personal exposures based on following the task manual HSG210</b>	<b>Less than 0.1 f/cm<sup>3</sup></b>		

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<b>Type of PPE to be used on site:</b> <i>(..insert model in brackets..)</i>	<input type="checkbox"/> Disposable FFP3 (.....) <input type="checkbox"/> Overboots / laceless footwear <input type="checkbox"/> P3 ori-nasal re-usable (.....) <input type="checkbox"/> Gloves (.....) <input type="checkbox"/> Cat 3 Type 5 Disp Coveralls <input type="checkbox"/> Other.....	
<b>Protection of others on the site:</b>	<input type="checkbox"/> Barriers & warning notices <input type="checkbox"/> Background air testing	
<b>Details of waste disposal and transportation:</b> <input type="checkbox"/> Disposal and transport by the own employee <input type="checkbox"/> Specialist waste carrier to be used. Approximate number of waste bags/packages containing removed materials: ..... State the name of any waste carriers used: ..... State where the waste will be transported to: ..... State the waste bag colour coding: .....		
<b>Details of access to the work area by any third parties:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>State who requires access:</b>		
<b>How often will they require access:</b>		
<b>Has evidence of training been produced:</b>		
<b>Has evidence of face fits been produced:</b>		
<b>HSG 210 Extracts:</b> <b>EM sheets used for this work:</b>  <input type="checkbox"/> EM0 <input type="checkbox"/> EM1 <input type="checkbox"/> EM2 <input type="checkbox"/> EM3 <input type="checkbox"/> EM4 <input type="checkbox"/> EM5 <input type="checkbox"/> EM6 <input type="checkbox"/> EM7 <input type="checkbox"/> EM8 <input type="checkbox"/> EM9 <input type="checkbox"/> EM10 <b>State task sheets to be used for this work.....</b>		
<b>Any other relevant details you wish to include in this plan of work / method statement relating to the work.</b>          		
I the undersigned can confirm that all risks have been identified for this work and the company risk assessments are attached. I can also confirm that the individuals undertaking this work have been trained in accordance with CAR 2012, L143 Regulation 10, they have all been face fit tested for the respirator they are using and that all PPE and control measures have been provided.		
<b>Print name:</b>	<b>Signature:</b>	<b>Date:</b>