

| Asbestos Removal Site Audit |  |
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| <b>Company Name</b>         |  |
| <b>Audit Location</b>       |  |
| <b>Date</b>                 |  |

|   |  |
|---|--|
| <b>Supervisor Name:</b>   |  |
| Current medical certificate present? (Within last 2 years)                    |  |
| Current Training Record? (Within last year)                                   |  |
| Current face fit present? Does it match type of respirator on site?           |  |
| Is there an RPE examination record present? (should be within the last month) |  |
| Is the operative clean shaven?  |  |

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| <b>Operatives</b>  |  |
| Current medical certificates present? (Within last 2 years)                        |  |
| Current Training Records? (Within last year)                                       |  |
| Current face fit certificates present? Does it match type the respirators on site? |  |
| Is there an RPE examination record present? (should be within the last month)      |  |

| University Requirements   | Yes/No | Comments |
|---|--------|----------|
| Have operatives signed in?  |        |          |
| Is there a copy of the scope of works from the specification?   |        |          |
| Have operatives aware of fixtures and fitting to remain? Are they stored in agreed location?            |        |          |
| Have operatives been instructed not to staple to window reveals/headers and columns in CLASP buildings? |        |          |
| Is there solid Heras panels around the work area/decontamination unit? Are they appropriately secured?  |        |          |
| Where applicable have power supplies been isolated? Is there a copy of the isolation certificate?       |        |          |
| Is there scaffold present? Is there a handover certificate?   |        |          |
| Method Statement  | Yes/No | Comments |
| Is there a job specific plan of work/assessment on site?  |        |          |
| Does the plan of work detail the contract supervisor present on site?                                   |        |          |
| Does the plan of work adequately describe the scope of work?  |        |          |
| Are contractual arrangements detailed?  |        |          |

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| Does the plan of work detail the duration of the works, including shift times?   |               |                 |
| Does the plan of work detail the analytical arrangements?  |               |                 |
| Does the plan of work detail the type of asbestos present?   |               |                 |
| Does the plan of work detail the condition of the material to be worked on?  |               |                 |
| Does the plan of work detail who is authorised to amend the plan of work?  |               |                 |
| Does the plan of work detail the type of respiratory equipment to be used?   |               |                 |
| Does the plan of work detail arrangements for witnessing the smoke test?   |               |                 |
| Does the plan of work adequately detail the asbestos removal technique to be used?   |               |                 |
| Does the plan of work detail the decontamination procedures?   |               |                 |
| Are there adequate risk assessments on site required for the work? (working at height, use of hand tools, confined spaces etc) |               |                 |
| Are COSHH assessments available where applicable?  |               |                 |
| Is the site log present and up to date?  |               |                 |
| Is there an adequate sketch plan detailing the site set up arrangements?   |               |                 |
| <b>ASB5</b>  | <b>Yes/No</b> | <b>Comments</b> |
| Is the ASB5 present on site?   |               |                 |
| Is the number of operatives on site less than or equal to that stated on the ASB5?   |               |                 |
| <b>Insurance</b>   | <b>Yes/No</b> | <b>Comments</b> |
| Are there details of the employers and public liability insurance?   |               |                 |
| <b>Enclosure</b>   | <b>Yes/No</b> | <b>Comments</b> |
| Is the enclosure in sound condition and constructed using 1000 gauge polythene   |               |                 |
| Are there adequate viewing panels or CCTV to allow viewing of the full work area?  |               |                 |
| Are the viewing panels present of the correct size? (600mm x 300mm)  |               |                 |
| Are there adequate warning signs?  |               |                 |
| Are the enclosure inspection and smoke test records available for inspection?  |               |                 |
| Are the airlocks free from visible debris?   |               |                 |
| Is there a bucket and sponge or similar arrangements for primary decontamination?  |               |                 |
| Are the airlock flaps weighted?  |               |                 |

|   |               |                 |
|---|---------------|-----------------|
| Is each stage of the airlock 1m (L) x 1m (W) x 2m (H)                               |               |                 |
| Is there a viewing panel in the dirty end of the airlock? (600 x 300)               |               |                 |
| <b>Dust</b>   | <b>Yes/No</b> | <b>Comments</b> |
| Does the plan of work detail the dust suppression arrangements to be used on site?  |               |                 |
| Are the methods appropriate for the type of work being completed?                   |               |                 |
| Are the dust suppression arrangements being implemented on site?                    |               |                 |
| <b>Air Extraction</b>   | <b>Yes/No</b> | <b>Comments</b> |
| Is the NPU sited appropriately?   |               |                 |
| Do the number and capacity of NPU's match the details recorded in the plan of work? |               |                 |
| Does the unit have the capacity to achieve 8 air changes an hour?                   |               |                 |
| Does the NPU extract externally?  |               |                 |
| Are current DOP test certificates available for the NPU?                            |               |                 |
| Is all exhaust ducting located after the HEPA filter located outside of work area?  |               |                 |
| <b>Air Extraction</b>   | <b>Yes/No</b> | <b>Comments</b> |
| Are there at least 2 H Type vacs available on site                                  |               |                 |
| Are current DOP test certificates available?  |               |                 |
| <b>Hygiene Facility</b>   | <b>Yes/No</b> | <b>Comments</b> |
| Is the unit connected/unconnected to the work area as stated in the plan of work?   |               |                 |
| Is the transit route as short as possible and away from occupied areas?             |               |                 |
| Is the unit connected to the required services and in working order?                |               |                 |
| Is there an adequate number of shower heads for operatives (1:4)                    |               |                 |
| Is the unit clean?  |               |                 |
| Is there a Certificate of Reoccupation from the previous job? (in clean end)        |               |                 |
| Is there a DOP test certificate for the NPU?  |               |                 |
| Are disposable towels in the clean end?   |               |                 |
| <b>Waste</b>  | <b>Yes/No</b> | <b>Comments</b> |
| Are the waste disposal arrangements as described in the plan of work?               |               |                 |
| Are the waste and transit routes free from residual or spilt waste?                 |               |                 |

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| Has a bag lock been constructed for transiting waste?  |  |  |
| Is each stage of the bag lock 1m (L) x 1m (W) x 2m (H) |  |  |

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| Comments/Improvements |
|                       |

| Auditor Name | Signature | Date |
|--------------|-----------|------|
|              |           |      |

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