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|  **Asbestos Removal Site Audit**  |
| **Company Name** |  |
| **Audit Location** |  |
| **Date** |  |

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| **Supervisor Name:** |  |
| 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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| **Operatives**  |  |
| 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) |  |

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| **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? |  |  |
| 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? |  |  |
| **ASB5** | **Yes/No** | **Comments** |
| Is the ASB5 present on site? |  |  |
| Is the number of operatives on site less than or equal to that stated on the ASB5?  |  |  |
| **Insurance** | **Yes/No** | **Comments** |
| Are there detail s of the employers and public liability insurance? |  |  |
| **Enclosure** | **Yes/No** | **Comments** |
| 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) |  |  |
| **Dust**  | **Yes/No** | **Comments** |
| 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? |  |  |
| **Air Extraction** | **Yes/No** | **Comments** |
| 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?  |  |  |
| **Air Extraction** | **Yes/No** | **Comments** |
| Are there at least 2 H Type vacs available on site |  |  |
| Are current DOP test certificates available? |  |  |
| **Hygiene Facility** | **Yes/No** | **Comments** |
| 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? |  |  |
| **Waste** | **Yes/No** | **Comments** |
| Are the waste disposal arrangements as described in the plan of work?  |  |  |
| Are the waste and transit routes free from residual or spilt waste? |  |  |
| Has a bag lock been constructed for transiting waste? |  |  |
| Is each stage of the bag lock 1m (L) x 1m (W) x 2m (H) |  |  |
| Comments/Improvements |
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| Auditor Name | Signature | Date |
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