

Work Area Access Permit

1. Permit Number

Work Order Number –

Refer to work order for detailed description and location of work to be undertaken

2. Work Permit Period

Commencement Date ___/___/___ Time ___:___

Completion Date ___/___/___ Time ___:___

3. Special Conditions (if any)

.....

4. Before Commencement of Work

Acknowledgement: I will ensure that I and all workers (including subcontractors) who perform work in the work area specified in this Permit will comply with the 'Conditions of Access' attached to this Permit. Business names of all proposed subcontractors for the work must be listed in the space provided at the bottom of this page

Full name of person responsible: (print)

Signature:

Company

Phone – Mobile Office

Date: ___/___/___ Time ___:___

Asbestos Class A or Class B removal licence number (if applicable):

List of Subcontractors

1. Business Name

Contact Name

Mobile No.

2. Business Name

Contact Name

Mobile No.

3. Business Name

Contact Name

Mobile No.

4. Business Name

Contact Name

Mobile No.

5. Business Name

Contact Name

Mobile No.

HHS or DoH

Access Authorisation: Permission to access the work area is granted and the relevant asbestos register has been made available to the Service Provider.

Name of the Workplace Health and Safety Officer advised - if applicable: (print)

Mobile No.

Name of the Workplace Representative advised - if applicable: (print)

HHS or DoH Nominated Officer (print name)

Signature:

Date: ___/___/___ Time ___:___

FACILITY IDENTIFICATION STAMP HERE

Note: Section 2 of the Permit only grants permission to the Service Provider to access the designated work area to undertake the work described on this Permit. It does not:

- a. signify approval of the scope of work,
- b. alter any contractual or statutory obligations for the work, or
- c. provide approval for any variation to the contract for the work.

5. After Completion of Work

a) Asbestos Information

	Yes	No
1. Did the work involve contact with or working on any Asbestos Containing Material (ACM)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did the work involve removing or replacing any ACM (including assumed ACM)? If Yes , provide data in approved format. * & **	<input type="checkbox"/>	<input type="checkbox"/>
3. Did the work involve any sample testing for asbestos? If 'Yes', provide data in approved format. *	<input type="checkbox"/>	<input type="checkbox"/>
4. Was any ACM discovered during the work that was not previously recorded? (e.g. concealed in a cavity). If Yes , provide data in approved format. *	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the 'Work Description' on the front page of the permit accurately describe the work undertaken? If No , please provide additional details:	<input type="checkbox"/>	<input type="checkbox"/>

* Nominated Officer provides the 'Minimum requirements when providing data for inclusion in the whole-of-Government central asbestos register' document and the formats from the GovNet Asbestos Management and Control website (<http://hpw.govnet.qld.gov.au/asbestos/>) to the service provider. The Service Provider is to provide a copy of their asbestos removal control plan or safe work method statement, a copy of the notification form/s to the regulator (as required), and a copy of any ACM and/or air monitoring sample results collected.

** Nominated Officer provides a blank copy of the ACM Disposal Form obtained from the GovNet website to the service provider.

Service Provider

Service Provider

Service Provider

Work Area Access Permit

Service Provider

b) Clearance

This section is only to be completed if asbestos removal work* has been undertaken or if a required third-party clearance certification has been specifically requested under the terms of engagement for the work.

The asbestos-related work is completed. The asbestos work area has been thoroughly cleaned and inspected and there is no visual evidence of dust or debris. If air monitoring was carried out by an asbestos assessor or independent competent person as part of the clearance inspection, the airborne asbestos fibre level was less than 0.01 asbestos fibres/ml. This area is now cleared for return to normal use.

Asbestos Assessor or Independent Competent Person**

Company

Name

Asbestos Assessor Licence No. (if applicable)

Clearance Inspection Time Date ___/___/___

Signature

- * 'asbestos removal work' means work involving the removal of an item of ACM; excludes maintenance tasks such as cutting penetrations.
- ** defined by the Workplace Health and Safety Queensland (WHSQ) Code of Practice 2011 – How to Safely Remove Asbestos.

Service Provider

c) Completion – Area available for reuse

The work described has now been completed. The work was carried out in accordance with all relevant statutory requirements and the safe work method statement or asbestos removal control plan (where required), details in the 'Asbestos Information' section (A) above are complete and has been signed by a licensed asbestos assessor or independent competent person in 'Clearance' section (B) where applicable. The work area has been thoroughly cleaned and inspected and is now available for return to normal use.

Full name of person responsible: (print name)

Signature:

Company

Phone – Mobile Office

Date: ___/___/___ Time ___:___

HHS or DoH

Note: This section of the permit is only acknowledgement that advice has been received from the Service Provider that the work has been completed and the work area is available for return to normal use.

I have been advised that

- i) the work is completed,
- ii) the area has been left in a clean and tidy condition, and
- iii) access is no longer required

This permit is now closed.

HHS or DoH Nominated Officer (print name)

Signature:

Date: ___/___/___ Time ___:___

6. Close Out Permit

HHS or DoH

Workplace has been checked and cleared as safe. All permit conditions have been withdrawn.

Note: All documentation associated with this permit e.g. clearance certificates, waste transfer certificates, analysis results, etc., must be kept in the Asbestos Management Plan or in accordance with departmental record retention procedures.

Name

Signature:

Date: ___/___/___ Time ___:___

Work Area Access Permit

CONDITIONS OF ACCESS

The **Work Area Access Permit** (the Permit) grants conditional permission to access the work area subject to these Conditions of Access. These conditions form part of the risk control measures to minimise occupational health and safety risks from asbestos containing materials at this facility.

NOTE: The Service Provider* should read these conditions in conjunction with any other relevant documentation for the work being undertaken, such as a contract specification. The conditions provided with the Permit in no way limit the contractual or statutory obligations of persons undertaking the work.

The Service Provider must ensure all persons carrying out the work (including subcontractors) are familiar with all Conditions of Access provided.

(*) refers to the person who accepts responsibility for the on-site supervision and conduct of the work described on the work order on the Permit. This person's name must be recorded on the Permit.

INSTRUCTIONS FOR ALL WORKERS TO READ AND COMPLY WITH

1. Conditions of Access

If you do not understand any of the conditions or are unsure about the safety precautions you need to follow, seek advice **before** commencing any work.

BE AWARE: Buildings can have other health and safety hazards present (e.g. electricity, hazardous chemicals, and high temperatures). You are responsible for identifying these hazards, conducting a risk assessment and putting in place appropriate controls.

2. Local Instructions

You must make yourself aware of any special procedures that need to be followed at this facility, such as parking restrictions, access and egress rules, isolating electricity, and permissible hours of work, evacuation procedures, and rules on smoking or limitations on noise.

You must ensure you have the contact details of the building's Nominated Officer (and other delegated Officers). You need to keep them regularly informed of work progress and any other important information such as possible business interruptions.

You must also provide any relevant work procedure documentation requested by the Nominated Officer, to ensure they are fully satisfied with your explanation of how the work will proceed and the control measures you will have in place to minimise risk to the health and safety of the workers, occupants and visitors of this facility.

3. Provide Warning Signs and Barriers

You must ensure appropriate safety warning signage and barriers are in place for the duration of the work. As a minimum, these should comply with the requirements of the Work Health and Safety Regulation 2011.

You should also liaise with the Nominated Officer to identify whether any additional signage or barriers are required due to particular business operations at this facility.

4. Managing electrical risks (including in ceiling spaces)

Before starting work on or near electrical installations or services, you must complete a risk assessment (considering damaged cables, live building elements, solar panels and other sources of electricity) and implement appropriate controls to manage risks from electricity (e.g. safe work method statement, turn off electricity before starting work, not walking on electrical cables).

NOTE: You must speak with the building's Nominated Officer before turning off electricity.

5. Location of ACM

You must ensure you are aware of the location of any ACM that will or could be disturbed during your work. You must take appropriate precautions, including checking the asbestos register before starting work. If you suspect an ACM is present and it is not listed in the asbestos register, stop work and contact the Nominated Officer.

Note

- (i) In the asbestos register, any sheeting (wall, ceiling, etc.) with a "mixed" ACM analysis result must be assumed to be low density asbestos fibre board (LDB) unless sample testing determines otherwise. Any sheeting with a status of "assumed", but suspected of being LDB, must be either sample tested to determine whether it is LDB or treated as if it is LDB. Depending on the result of a competent person's risk assessment, work on LDB may require greater controls than asbestos cement sheeting.
- (ii) Take care when working in concealed spaces, such as wall cavities and ceiling spaces, as they may still contain small amounts of ACM dust, debris or waste, even if the ACM has been recorded as removed.

6. Transporting and disposing of asbestos waste

You must ensure the transporting and disposal of waste is in accordance with local and State Government environmental protection requirements. For all ACM removed, provide any records, such as waste transport certificate docket number/s, to the Nominated Officer for inclusion in the Asbestos Management Plan and complete the ACM Disposal Form (available from the Nominated Officer on the GovNet website <http://hpw.govnet.qld.gov.au/asbestos/>).

7. Steps to be followed:

You must ensure you –

- **PLAN** before any work commences;
- **PREPARE** the work area;
- **WORK SAFELY** during the work;
- **CLEAN UP** the work area upon completion;
- **CONFIRM** the work area is clear to return to normal use; and
- **PROVIDE** the completed and signed WAAP to the building's Nominated Officer.