

This permit is only for the removal of asbestos containing materials less than 10 m<sup>2</sup> on jobs or small projects less than seven days long.

Date		Maximo Number	
Site / work area			
Valid from		To	
Max duration 1 week	<i>(Date)</i>	<i>(Time)</i>	<i>(Date)</i> <i>(Time)</i>
Self-Issue Permit Issuer			

**Refer to RCP for workers involved in asbestos removal work**

Brief description of the asbestos removal work:

Type of Material	<i>AC Pipe</i>
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**PLAN:** If the answer to any question is in a grey box, then work cannot continue until the relevant item has been completed

Item	Check	Yes	No	N/A
1.	All workers have completed Asbestos Awareness Training and are competent (or supervised by a competent person)?			
2.	Quantity of asbestos to be removed is <b>10 m<sup>2</sup> or less</b> (Greater than 10 m <sup>2</sup> of asbestos requires a <b>Class B removalist</b> )			
3.	Is there an asbestos management plan? If yes, have you looked at it?			
4.	Are there any relevant asbestos surveys? Have they been reviewed? <a href="#">Check GIS</a>			
5.	Has the presence and location of asbestos been clearly shown?			
6.	How will you minimise airborne asbestos fibre release? <i>(e.g., Remove AC pipes in sections, splitting at collars or sleeves, keeping the area wet)</i>			

**PPE Required:**

<input type="checkbox"/> Asbestos overalls	<input type="checkbox"/> Lace-less boots	<input type="checkbox"/> Boot covers	<input type="checkbox"/> Respiratory protection (P2 minimum)
<input type="checkbox"/> Head protection	<input type="checkbox"/> Gloves (not fabric)	<input type="checkbox"/> Glasses/ goggles	

Other (give details)

**Asbestos removal equipment needed:**

<input type="checkbox"/> 200-micron plastic sheets or bags	<input type="checkbox"/> Asbestos signage	<input type="checkbox"/> Barricades	<input type="checkbox"/> Duct tape
<input type="checkbox"/> Water supply	<input type="checkbox"/> Water misters	<input type="checkbox"/> Asbestos waste bags	<input type="checkbox"/> Wet wipes

Other (give details)

7.	Emergency Plan has been recorded on RCP, shared and understood by all workers			
8.	Does everyone involved with the work: <ul style="list-style-type: none"> <li>Understand how it will be conducted safely</li> <li>Have all the required PPE</li> <li>Have all the required asbestos removal equipment</li> <li>Understand the emergency response plan</li> <li>Understand that they can stop the work at any time if it is unsafe</li> </ul>			

9.	Unauthorised workers and members of the public are unable to enter work area and asbestos warning signage in place			
10.	Risk Control Plan and Permit available to everyone at the work site			
11.	Asbestos waste can be safely handled, contained/sealed, labelled and decontaminated before being disposed of at an approved facility			
12.	Prohibited tools and equipment have been discussed with the workers involved and are not in use - <b>DO NOT use power tools on Asbestos pipe or materials</b>			
13.	<p><b>Self-Issue Permit issuer:</b> I confirm that this unlicensed asbestos removal work is needed and that risks associated with the task have been considered and controls are in place. I believe it is now safe for work to start.</p> <p>Signed: _____ Date: _____</p> <p>Name: _____ Position: _____</p>			

**CHECK:** These checks must be completed once the asbestos removal work has been completed in the area to which the permit relates but **before the removal area is opened up to other people.**

Item	Check	Yes	No	N/A
14.	Has the asbestos removal work been completed? When: Date: / / Time:			
15.	Has all contaminated equipment, and waste been removed and appropriately removed?			
16.	Has the removal work area and immediate surrounds been inspected for visible asbestos contamination?			
17.	<p><b>Declaration (Self-Issue Permit Issuer to complete)</b> I confirm that the asbestos removal work area and immediate surrounds are free from visible asbestos contamination. I believe it is now safe for the area to be occupied.</p> <p>Signed: _____ Date: _____</p> <p>Name: _____ Position: _____</p>			

**REFERENCES:**

[Water Ways – Asbestos Cement Pipe](#)  
[Wellington Water Alliance – Asbestos Pipe Repair Maintenance Procedure](#)  
[Asbestos Removal Process \(less than 10 m<sup>2</sup>\)](#)