

Asbestos removal area handover form

The removalist's visual inspection form must be given by the removalist to the assessor before the four-stage clearance starts.

The removalist must keep a copy.

Objective:

Supervisor to carry out a thorough visual inspection of enclosure/work area to confirm the readiness for clearance inspection. Areas to be clean from visible debris and dust.

Site address:		
Size of enclosure: (see ARCP - L x W x H (metres))		
Has a new NPU pre-filter been installed?	<input type="radio"/> Yes <input type="radio"/> No	If no, explain:
Have all ACM removal locations been checked and confirmed free from asbestos?	<input type="radio"/> Yes <input type="radio"/> No	If no, explain:
Have all floor surfaces, walls, and items been inspected and confirmed visually clean?	<input type="radio"/> Yes <input type="radio"/> No	If no, explain:
Have all ledges, sills, high surfaces, and voids been inspected and confirmed visually clean?	<input type="radio"/> Yes <input type="radio"/> No	If no, explain:
Have ACM removal locations been checked and confirmed visually clean?	<input type="radio"/> Yes <input type="radio"/> No	If no, explain:
Have all rooms been checked and confirmed visually clean?	<input type="radio"/> Yes <input type="radio"/> No	If no, explain:
Have all cables, wiring, and items staying in enclosure during the four-stage clearance been checked and confirmed visually clean?	<input type="radio"/> Yes <input type="radio"/> No	If no, explain:
How long did the supervisor's visual inspection take?	Start time:	Finish time
	Total time (hours/minutes)	

I confirm that I have carried out a thorough visual inspection of the enclosure or work area, and the area is visually clean and ready for the assessor for the independent four-stage clearance I confirm that I have carried out a thorough visual inspection of the enclosure or work area, and the area is visually clean and ready for the assessor for the independent four-stage clearance.

Removalist's details

Supervisor's signature:	Date: DD / MN / YEAR	Time:
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Hand form to assessor before the four-stage clearance starts.

Assessor's details

Supervisor's signature:	Date: DD / MN / YEAR	Time:
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