

Asbestos removal control plan template

This template is designed to incorporate the elements of the Asbestos Regulations.

It has two parts:

- complete part A when planning the asbestos removal work
- complete part B after the asbestos has been removed and clearance has been obtained.

PART A: To be completed before removal starts

Prepared by:

Date: DD / MM / YEAR

Asbestos removal licence holder: (PCBU name)

Licence number:

Asbestos removal licence holder's contact details:

For ACM removal at: (address)

On behalf of PCBU who commissioned asbestos removal: (client)

Identification

Have asbestos records been reviewed?

Yes

No



Asbestos removal control plan template

Informing parties and people

The following people or parties will be informed about the upcoming asbestos removal and intended start date (keep consultation records).

ENTITY	NAME AND POSITION	ORGANISATION	ADDRESS	PHONE/EMAIL
Person who commissioned removal (client)	Humphrey Bogare, Store Manager	The Purple Shack of Sales Ltd	1 Troy Boulevard, Wellington	04 555 1234
Client's workers and representatives	Bort Renault, site delegate, worker	The Union for Workers at the Purple Shack of Sales Inc	c/- 1 Troy Boulevard, Wellington	025 852 963

People or parties who must be informed (where relevant) are:

- person who commissioned the removal (client)
- client's workers and/or representatives
- PCBU with management or control of the workplace
- PCBU's workers and/or representatives
- home owner
- home occupant
- neighbouring properties.

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Emergency planning

Trained first aider(s) on site:

NAME	CONTACT PHONE

List of emergency contact details attached to plan: Yes No

All site workers are trained in emergency response: Yes No

Emergency response equipment is indicated on the site plan: Yes No

The following have been identified as potential emergency situations (attach further details if needed).

EMERGENCY	CONTROLS TO MANAGE THE EMERGENCY

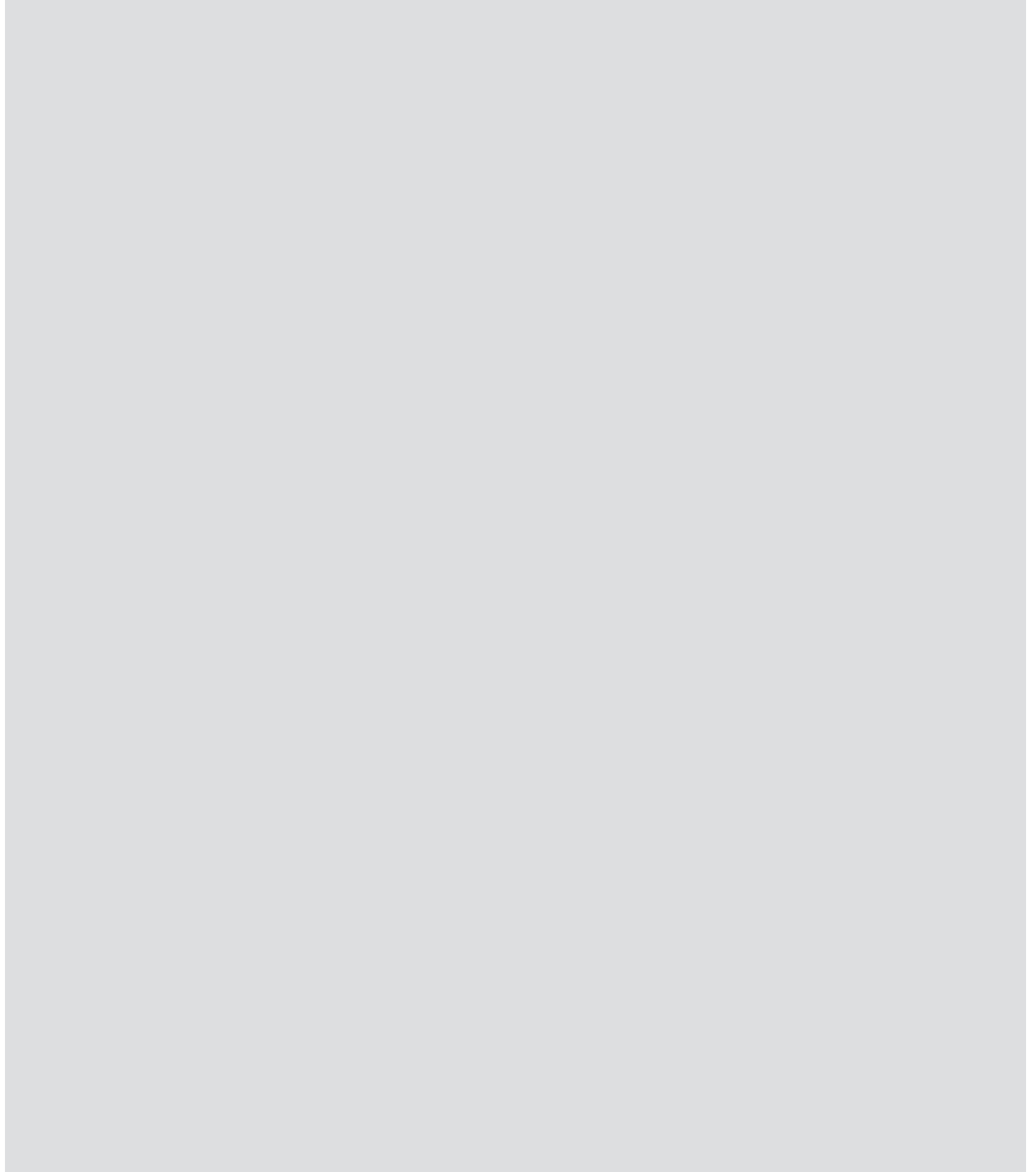
Asbestos removal control plan template

Site plan

Define the area or draw a site map indicating the areas.

Include:

- asbestos removal area
- asbestos work site (including where enclosure is located)
- entrances and exits
- waste storage
- decontamination area(s)
- emergency equipment
- signage
- barriers or means to prevent unauthorised access
- monitoring points
- other information as needed.



Asbestos removal control plan template

Control of non-asbestos hazards

The following risks have been identified during the planning stages of the asbestos or ACM removal: (provide additional pages if necessary).

RISKS	CONTROLS TO MANAGE THE RISKS

Personal protective equipment (PPE and RPE)

The following PPE and RPE will be supplied and worn at all times throughout the asbestos removal process:

Workers have received appropriate training for PPE and RPE use:

Yes No

Workers have received information about the health risks of licensed asbestos removal work and health monitoring requirements:

Yes No

Asbestos removal control plan template

Removal

Removal method

Detail the planned methodology for removing the asbestos or ACM. This must comply with the Health and Safety at Work (Asbestos) Regulations 2016 and should comply with WorkSafe's good practice guidelines for asbestos removal. (Provide additional pages as necessary.)

Asbestos removal control plan template

Tools and equipment

Warning: High-speed abrasive power or pneumatic tools such as angle grinders, sanders, saws and high-speed drills must not be used when removing asbestos or ACM.

The following tools and equipment will be used when removing asbestos or ACM:

Hand tools: (list)

Powered equipment: (list)

Saturation equipment: (list)

Vacuum cleaner(s)

Make:

Model:

Last test date: DD / MM / YEAR

Make:

Model:

Last test date: DD / MM / YEAR

Asbestos removal control plan template

Equipment maintenance

All tools and equipment used in removing asbestos or ACM are inspected before all removal work:	<input type="radio"/> Yes <input type="radio"/> No
All tools and equipment used in removing asbestos or ACM are inspected and cleaned following all removal work:	<input type="radio"/> Yes <input type="radio"/> No
All tools and equipment used in removing asbestos or ACM are inspected and cleaned at least once every seven days when in continuous use:	<input type="radio"/> Yes <input type="radio"/> No

Enclosure

Complete enclosure of the work area will be required:	<input type="radio"/> Yes <input type="radio"/> No
Enclosed area is displayed on site map/the location is described:	<input type="radio"/> Yes <input type="radio"/> No
The enclosure will be constructed as follows: provide an overview of the size, shape and construction method to be used for the enclosure. (Provide additional pages as necessary.)	

The following NPUs will be used in conjunction with the enclosure:

Make:	Model:	Rating:
Make:	Model:	Rating:
Other details:		

Smoke testing should be conducted prior to use and at the following intervals to confirm the integrity of the enclosure. Keep records of these tests.

Frequency of testing:
Person(s) responsible for conducting and recording the tests:

Asbestos removal control plan template

Decontamination facilities

Describe the decontamination facilities that will be interconnected or used with the enclosure (include decontamination of tools, plant or equipment, reusable PPE, people, removal area, contained waste):

Other control measures

The following additional controls will be put in place to contain asbestos within the designated asbestos work area:

Asbestos removal control plan template

Details of the licensed asbestos assessor or competent person engaged to plan and conduct air monitoring and clearance:

Name:	
Assessor licence number: (if applicable)	
Contact details:	

The following air monitoring will be conducted:

Before removal: number and frequency of testing:	
During removal (control monitoring): number and frequency of testing:	
Monitoring points identified on site map:	<input type="radio"/> Yes <input type="radio"/> No
Air monitoring proposal attached to this control plan:	<input type="radio"/> Yes <input type="radio"/> No

Declaration and sign-off

<input checked="" type="radio"/> I declare the information contained in Part A of this plan is accurate to the best of my knowledge	
Signed by:	Date: DD / MM / YEAR

Upon completion of this section, provide a copy of the plan and related documents to:

PCBU who commissioned the removal:	<input type="radio"/> Yes <input type="radio"/> No
Other (state):	<input type="radio"/> Yes <input type="radio"/> No

The plan should be made available to the PCBU with management or control of the workplace, workers and their representatives, and home occupants (as applicable).

Asbestos removal control plan template

PART B: To be completed after removal and clearance

Timing of removal work

Start date: DD / MM / YEAR	Completion date: DD / MM / YEAR	Date of notification to WorkSafe: DD / MM / YEAR
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Copy of notification attached

Informing parties and people

In addition to the information recorded in Part A, the following people or parties were also informed about the asbestos removal and start date:

ENTITY	NAME AND POSITION	ORGANISATION	ADDRESS	PHONE/EMAIL

Asbestos removal control plan template

Respirators (RPE)

All workers wearing a negative-pressure respirator (RPE) were clean-shaven:	<input type="radio"/> Yes <input type="radio"/> No
(Where applicable): the following RPE was provided to workers who could not wear negative pressure RPE:	

Disposal of asbestos waste

PCBU engaged to transport waste:	
Disposal site was:	
Total quantity and dimensions of asbestos waste removed:	
Copies of waste disposal docket, permits or other paperwork received:	<input type="radio"/> Yes <input type="radio"/> No

Clearance

Did the asbestos removal area pass the clearance inspection:	<input type="radio"/> Yes <input type="radio"/> No
Copy of clearance certificate received, with test results:	<input type="radio"/> Yes <input type="radio"/> No

Declaration and sign-off

<input type="radio"/> I declare the information contained in Part B of this plan is accurate to the best of my knowledge	
Signed by:	Date: DD / MM / YEAR

Upon completion of this section, provide a copy of the plan and related documents to:

PCBU who commissioned the removal:	<input type="radio"/> Yes <input type="radio"/> No
Other (state):	<input type="radio"/> Yes <input type="radio"/> No

The plan should be made available to the PCBU with management or control of the workplace, workers and their representatives, and home occupants (as applicable).