

Mobile Decontamination Unit (DCU) clearance inspection record

Assessor's name:		
Assessor's licence number:	Expiry date:	
DCU inspection certificate number and issue number:		
Manufacturer:	Serial number:	
Contract number:	Job number:	Reference number:
Membrane method used:		
Removalist's name, address, and contact information:		
Clearance site address:		
DCU site address for clearance:		
Commissioning PCBU representative who will confirm when the inspection starts and acknowledge the outcome:		
Anticipated start:	Date: DD / MM / YEAR	Time:
Anticipated end:	Date: DD / MM / YEAR	Time:

Stage 1: Thorough visual inspection

Requirements:

DCU is free from waste, debris, dust,
contaminated clothing, and waste bags

Yes No

Comments:

Interior surfaces are free from debris
and settled dust

Yes No

Comments:

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State if Stage 4 passed or failed, and include the time and date.

<input type="radio"/> Pass <input type="radio"/> Fail	Time:	Date: DD / MM / YEAR
Interior surfaces are free from debris and settled dust	<input type="radio"/> Yes <input type="radio"/> No	Comments (if failed, cross out the remaining stage and get the representative to sign the acknowledgement box at the end):
Assessor details		
Name:		
Signature:		

Attachments

Attach Stage 1 photos to the document with the date, time, and caption.

Photo showing the clean end	<input type="radio"/> Photo attached
Photo showing the shower	<input type="radio"/> Photo attached
Photo showing the dirty end	<input type="radio"/> Photo attached

Requirements:

DCU is free from waste, debris, dust, contaminated clothing, and waste bags	<input type="radio"/> Yes <input type="radio"/> No	Comments:
Interior surfaces are free from debris and settled dust	<input type="radio"/> Yes <input type="radio"/> No	Comments:

Stage 2: Clearance air sampling inside the DCU

<input type="radio"/> Pass <input type="radio"/> Fail	Time:	Date: DD / MM / YEAR
Interior surfaces are free from debris and settled dust	<input type="radio"/> Yes <input type="radio"/> No	Comments (if failed, cross out the remaining stage and get the representative to sign the acknowledgement box at the end):
Assessor details		
Name:		
Signature:		

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Sampling information:

All areas are dry Yes No

Comments:

Surface testing by dust disturbance method used: Yes No

Comments:

Total time of the disturbance:

Minutes:

Total floor area of the shower and dirty end (m²):

Total area (m²):

Number of collected air samples:

Number:

Results

(use extra rows if more than 5 samples)

SET 1: Fibre conc. (f/ml) **SET 2:** Fibre conc. (f/ml) **SET 3:** Fibre conc. (f/ml) **SET 4:** Fibre conc. (f/ml)

Sample 1

Sample 2

Pass/Fail

Attachments

Attach Stage 2 photos to the document with date, time, and caption

Photo showing the brush

Photo attached

State if DCU clearance air sampling passed or failed, and include the time and date

Pass Fail

Time:

Date: DD / MM / YEAR

The DCU is **cleared/not cleared** for removal and reuse (circle appropriate option).

Note if the DCU will stay on site for another job.

Comments: if failed, cross out the remaining stage and get the representative to sign the acknowledgement box at the end.

Assessor details

Name:

Signature:

Removalist's representative acknowledgement

Complete one of the below, and cross out the other option.

I have been advised by _____ that the DCU inspection records has not been issued because the DCU has failed stage [number] _____.

Name:

Signature:

Time:

Date: DD / MM / YEAR

I have been advised by _____ that the Clearance certificate can be issued as the area has passed all four stages.

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Name:	Signature:	
Time:	Date: DD / MM / YEAR	

Issue of the DCU inspection records by the assessor

Copies of this inspection record and issue [number] were issued to:

Assessors details

Name:	Signature:	
Time:	Date: DD / MM / YEAR	