

Inspection date: / /

This form is to be completed with reference to the **Division 5 Asbestos Audit Report** dated: / /

Name and address of Department Workplace:

Inspected by:

Updated checklist signed off by:

Asbestos Co-ordinator and

Health and Safety Representative:

Building	Number of labels installed	Current Condition of Asbestos Labels	Action Required	Action Undertaken	Date
Home Economics					
Art / Steno (D1)					
Humanities					
Gymnasium (F1)					
Trade (G1)					
Building I					
Plant Room					
Portable 5819					
Portable 5243					
Portable 4249					
Portable 4665					
Portable 3086					