

## Asbestos Removal Completion Form

The Workplace **Asbestos Coordinator** is to complete this form in conjunction with the Occupational or Industrial Hygienist when asbestos removal works have been carried out. Department workplaces are required to retain this completed form and associated documentation in a safe and secure location for an indefinite period.

<b>Workplace:</b>		
<b>Workplace Address:</b>		
<b>Workplace Asbestos Coordinator:</b>	<b>Name:</b>	<b>Telephone:</b>
<b>1. Removal Work Location Details</b>		
<b>Brief Description of Works</b>		
<b>Building/ Site Location:</b>		
<b>Room location/description:</b>		
<b>Date of removal works:</b>	DD/MM/YY	
<b>Time of Removal Works:</b>		
<b>2. Company Details</b>		
<b>Program Manager or Consultant Company Name:</b>	Company Representative:	
Contact Details:		
<b>Asbestos Removalist Company Name:</b>	Company Representative:	
Contact Details:		
<b>Occupational/Industrial Hygienist Company Name:</b>	Company Representative:	
Contact Details:		
<b>3. Relevant Documentation</b>		<b>Completed</b>
Occupational Hygienist Asbestos fibre atmospheric monitoring report attached?		<input type="checkbox"/> Yes
Occupational Hygienist visual clearance inspection letter attached?		<input type="checkbox"/> Yes
<b>4. Sign Off</b>		
<b>Occupational/Industrial Hygienist's Certification</b>		
<p>I am satisfied that the works have been completed and that the area has been cleaned to the required standard. The clearance results confirm that the area can be safely re-occupied.</p> <p><b>Occupational/Industrial Hygienist's signature</b> ..... <b>Date</b> ...../..... /.....</p>		
<b>Asbestos Coordinator</b>		
<p>I can confirm that I have received and read this Asbestos Removal Completion Form and the attached documents.</p> <p><b>Workplace Asbestos Coordinator signature</b> ..... <b>Date</b> ...../..... /.....</p>		