**Date of Works:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client details Name:**  **Site name: Address:**  **Telephone:** | | | | | | | **Any additional notes relevant to safe working?** | | | |
| **Type of premises**  **(Brief Description):** | | | | |  | | | | | |
| **Exact location on the premises where the works are taking place:** | | | | | | | | | | |
| **State Operatives names:** .................................................................................................................................. | | | | | | | | | | |
| **ACM’s to be worked on:** | | * Textile * Asbestos Cement * Floor Tiles * Textured Coating * Bitumen | | | | | | * Mastic/paint * W/C Cistern * AIB (Short Duration) | | |
| **Any other? Please specify:** .............................................................................................................................. | | | | | | | | | | |
| **Type of Product e.g. Roof Sheets, Ceiling Coating**………………………………………………………………… .............................................................................................................................. | | | | | | | | | | |
| **Brief description of the works:** | | | | | | | | | | |
| **Extent or amount of ACM’s to be removed/worked on: i.e. m2** ....................................................................................... | | | | | | | | | | |
| **Condition of the ACM:** € Good € Slight damage € Significant damage € Pre-clean required | | | | | | | | | | |
| **Degree of difficulty or removal:** € Easy € Average € Difficult € Very difficult | | | | | | | | | | |
| **Proximity of others/third parties etc:**  € Next to work area € On the level/floor above € On the level/floor below € More than 10 metres away  € Premises vacant Other please state: ......................................................................................................... | | | | | | | | | | |
| **Type of work access requirements of the**  **site:** | € None € Ladders € Fixed scaffold € Mobile tower | | | | | | | | | |
| **Type of asbestos:** | | | € Crocidolite  € Chrysotile  € Actual sample | | | | | | € Amosite (grunerite)  € Mixture  € Assumed analysis | |
| **Type of control measures to be used:** | | | € Class H Vacuum  € Spray wetting  € Foam/Paste (Drilling) | | | | | | € Other………………………  ………………………………………………………………………………. | |
| **Estimated personal exposures based on following the task manual HSG210** | | | **Less than 0.1 f/cm3** | | | | | |  | |
| **Type of PPE to be used on site:**  ***(..insert model in brackets..)*** | | | € Disposable FFP3 (…………………) € Overboots / laceless footwear  € P3 ori-nasal re-usable (…………….) € Gloves (……………………..)  € Cat 3 Type 5 Disp Coveralls € Other…………………………. | | | | | | | |
| **Protection of others on the site:** | | | € Barriers & warning notices € Background air testing | | | | | | | |
| **Details of waste disposal and transportation:**  € Disposal and transport by the own employee € Specialist waste carrier to be used.  Approximate number of waste bags/packages containing removed materials: .............................................................  State the name of any waste carriers used: ....................................................................................................................  State where the waste will be transported to: .................................................................................................................  State the waste bag colour coding: ................................................................................................................................. | | | | | | | | | | |
| **Details of access to the work area by any third parties:** € Yes € No | | | | | | | | | | |
| **State who requires access:** | | | | | |  | | | | |
| **How often will they require access:** | | | | | |  | | | | |
| **Has evidence of training been produced:** | | | | | |  | | | | |
| **Has evidence of face fits been produced:** | | | | | |  | | | | |
| **HSG 210 Extracts:**  **EM sheets used for this work:** €EM1 €EM2 €EM3 €EM4 €EM5 €EM6 €EM7 €EM8 €EM9 €EM10  **State task sheets to be used for this work………………………………………………………….** | | | | | | | | | | |
| **Any other relevant details you wish to include in this plan of work / method statement relating to the work.** | | | | | | | | | | |
| I the undersigned can confirm that all risk have been identified for this work and the company risk assessments are attached. I can also confirm that the individuals undertaking this work have been trained in accordance with CAR 2012, L143 Regulation 10, they have all been face fit tested for the respirator they are using and that all PPE and control measures have been provided. | | | | | | | | | | |
| **Print name:** | | | | **Signature:** | | | | | | **Date:** |