

PERMIT TO WORK - ASBESTOS PRESENT PERMIT No:

This permit has been designed for Contractors who may come into contact with ASBESTOS CONTAINING MATERIAL during the course of their work and / or a register / survey document is available to substantiate that asbestos is present in the area where the work is to be carried out.

JOB DETAILS	PEOPLE TO BE NOTIFIED	✓ WHEN COMPLETED <input type="checkbox"/>
LOCATION / PLANT IDENTIFICATION	SIGNAGE TO BE ERECTED	✓ WHEN COMPLETED <input type="checkbox"/>

WORK MAY NOT COMMENCE UNTIL THE FOLLOWING FINAL ASSESSMENT OF RISKS PRESENT AND PRECAUTIONARY MEASURES TAKEN IS COMPLETED

ALL QUESTIONS MUST BE ANSWERED WITH A ✓ = 'YES' OR × 'NO', AS APPROPRIATE

1	Does the work involve any process that may liberate dust, or are there loose or dusty asbestos containing materials present?	YES	NO
IF 'YES' PROCEED TO Q2 IF 'NO' PROCEED DIRECTLY TO Q4a			
2	You are subject to the Asbestos (Licensing) Regulations - work can only be undertaken by a HSE Licensed Contractor. Are you a Licensed Contractor who has provided evidence of this license?	YES	NO
3	Have you completed form ASB5 and submitted your plans in writing to the enforcing authority 14 days in advance of this work?	YES	NO

4a	Please describe the TYPE of Asbestos Containing Material		
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Coatings E.g. limpet, paint finishes, textured plaster	✓ ×	Insulation E.g. thermal, acoustic, or other insulation	✓ ×	Asbestos Insulating Board E.g. Asbestolux	✓ ×
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IF ✓ entered in section 4a above Are you aware that you must comply with the Control of Asbestos at Work Regulations (CAWR) and do you have a full understanding of these regulations and precautions detailed in the HSE's Approved Code of Practice (ACOP) L28	YES	NO
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4b Asbestos Cement	✓ ×	OTHER E.g. Gaskets. Please specify below	✓ ×
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IF ✓ entered in section 4b above Are you aware that in the event of working close to, or with asbestos cement sheet or other asbestos containing materials you must comply with CAWR and the precautions detailed in the HSE's publication HSE 189/2 and ACOP L27	YES	NO
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IF ANSWERED 'YES' TO 4a OR 4b PLEASE CONTINUE IF 'NO' WORK MAY NOT PROCEED UNTIL NECESSARY ACTION TAKEN

AUTHORISATION & ACCEPTANCE

PERSON IN CHARGE: "I confirm that I have verified the job detailed on this form and ensured that all necessary precautions have been taken. The work will be undertaken in a safe manner. All risks and precautionary measures have been explained to all workers involved. I am aware of and understand all ACOPS and Regulations cited in this document. I accept responsibility for carrying out this work."

Print Name: _____ **Position:** _____ **Signature:** _____

Company: _____ **Company Tel No:** _____

PERSON AUTHORISING WORK: "This permit will be issued on the understanding that all agreed safe systems of work will be adhered to and that any risk or hazard shall be maintained at a level as low as reasonably practicable."

Print Name: _____ **Position:** _____ **Signature:** _____

VALIDITY PERIOD

Time	Date	Time	Date
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PERMIT VALID FROM:

PERMIT VALID TO:

HANDBACK & CANCELLATION

PERSON IN CHARGE: "I confirm that the work is **COMPLETED / INCOMPLETE** "(delete as appropriate)
"I have checked the work and confirm the work area is left in a safe and tidy condition."

Print Name: _____ **Position:** _____ **Signature:** _____

PERSON AUTHORISING WORK: "I have inspected the work. I confirm that it is **COMPLETED / INCOMPLETE** "(delete as appropriate)
"The work area is left in a safe and tidy condition."

Permit Cancelled At: _____ **(Time) ON:** _____ **(Date) BY:** _____

Print Name: _____ **Position:** _____ **Signature:** _____

HANDBACK AND CANCELLATION OF PERMIT, CONFIRM ALL SERVICES HAVE BEEN RESTORED? ☐

Re-order code: PTW-ASB(issue 2)

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