

Asbestos Removal Permit to Work Form

* Denotes required field to be completed

Flinders University Work Order No.				Permit to Work Issue Number.				
SECTION 1: GENERAL DETAILS								
Business Entity doing the work:								
Location of Work site:								
Work Activity Title:								
SECTION 2: ASBESTOS MATERIAL TYPE								
Friable Asbestos Material Type	<input type="checkbox"/>	YES	Detail:					
Non-Friable Asbestos Material Type	<input type="checkbox"/>	Fencing	<input type="checkbox"/>	Ceiling tile	<input type="checkbox"/>	Wall cladding	<input type="checkbox"/>	Vinyl floor tile-sheet
	<input type="checkbox"/>	Eaves	<input type="checkbox"/>	Cement sheet	<input type="checkbox"/>	Blackjack adhesive	<input type="checkbox"/>	Zelemite/resin/mastic
	<input type="checkbox"/>	Other	Detail:					
Access	<input type="checkbox"/>	Confined Space			<input type="checkbox"/>	Roof		
	<input type="checkbox"/>	Laboratory			<input type="checkbox"/>	Switchboard		
	<input type="checkbox"/>	Plant room			<input type="checkbox"/>	Other		
Specific Access detail								
Isolation	<input type="checkbox"/>	Electrical			<input type="checkbox"/>	Mechanical/Plant		
	<input type="checkbox"/>	Fire detection System			<input type="checkbox"/>	Water/Sewer/Drainage		
	<input type="checkbox"/>	Gas			<input type="checkbox"/>	Other		
Specific Isolation detail	<ul style="list-style-type: none"> • • • 							
SECTION 3: PERMIT REQUEST (COMPLETED BY WORKER IN CHARGE – WIC)								
<p>This acknowledgement signifies a formal request to commence the scope of work as identified in Section 1. As the Worker in Charge (WIC) I hereby certify that:</p> <p><input type="checkbox"/> I have undertaken a hazard identification and risk assessment process. Mitigation controls suitable for this work activity have been applied.</p> <p><input type="checkbox"/> I have consulted with my workgroup to ensure that controls are adequate and agreed.</p> <p><input type="checkbox"/> I am competent to coordinate this work activity in accordance with the documented controls and performance standards of the Flinders University.</p> <p><input type="checkbox"/> I shall ensure that the persons required to carry out the work are competent and/or licenced and understand the requirements of the permit to work and the risk controls pertaining to this scope of work.</p> <p><input type="checkbox"/> I shall monitor hazards and control methods throughout the work activity.</p>								
* Name:		* Signature:		Date:		Time:		
SECTION 4: TO BE COMPLETED BY FLINDERS UNIVERSITY AUTHORISATION OFFICER ENGAGING CONTRACTOR								
<p>This sign off is to signify that <i>the Flinders University PTW Authorisation Officer</i> has,</p> <p><input type="checkbox"/> Ensued a process of consultation with the above signatory (or delegate) as being the Worker In Charge,</p> <p><input type="checkbox"/> Viewed documentation pertaining to this scope of work and confirms the information provided is complete in detail</p> <p><input type="checkbox"/> Informed the WIC that the work methods may be monitored against the proposed controls and that work can be ceased immediately on the Authorisation Officers direction.</p>								
This permit to work is valid from			Comments:					
Up to and including			<u>Work area to be set-up as identified in the Asbestos Removal Control Plan before permit will be deemed as active.</u>					
* Name:		* Signature:		Date:		Time:		

