

**Note:**

- Disturbance of material or areas potentially known to contain Fibrous / Asbestos materials is prohibited unless a **Fibrous / Asbestos Materials Permit** has been authorised and issued.

**Section 1: Applicants Particulars**

Name:	Permit No:
Company:	Date:
Signature:	Start Time:
Mobile No:	Finish Time:
Location of Material:	
Description of Material:	

**Section 2: Scope of Works Required**


**Section 3: Removal Control Plan Checklist**

select - C (complete), NC (not complete) or NA (Not Applicable)

**3.1 Selection of Removalist**

a) Details of the removalist to be used and nominated liaison person. License is to be sighted. <b>NOHSC 2002(2005) Sec: 7.2.1</b>	<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NA	Comments:
---	----------------------------	-----------------------------	-----------------------------	-----------

**3.2 Register of ACM**

a) ACM register to be provided to removalist to identify ACM. <b>NOHSC 2002(2005) Sec: 7.2.2</b>	<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NA	Comments:
---	----------------------------	-----------------------------	-----------------------------	-----------

**3.3 Management Plan**

a) Dust and Fibrous Materials Management Plan (D17/7975) to be followed. Risk assessment to be conducted prior to works commencing. <b>NOHSC 2002(2005) Sec: 7.2.3</b>	<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NA	Comments:
---	----------------------------	-----------------------------	-----------------------------	-----------

**3.4 Identification**

a) Details of the Fibrous Materials to be removed (e.g. the location(s), whether it is friable or non-friable, type, condition and the quantity to be removed) <b>NOHSC 2002(2005) Sec: 7.2.4</b>	<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NA	Comments:
--	----------------------------	-----------------------------	-----------------------------	-----------

<b>3.5 Communication</b>				
a) Consultation and communication to involved parties: workers, area owners, HSE etc.	<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NA	Comments:
b) DMIRS notified of the proposed removal of ACM from site. <b>[MSI Regulation r.9.32(b)]</b>	<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NA	Comments:
<b>3.6 Preparation</b>				
a) Assigned responsibilities for the removal including the development of a Job Hazard Analysis and safe work methods.	<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NA	Comments:
b) Program of commencement and completion dates.	<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NA	Comments:
c) Emergency plans <b>NOHSC 2002(2005) Sec: 8.2</b>	<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NA	Comments:
d) Fibrous Materials removal boundaries, including the type and extent of isolation required and the location of any signs and barriers. <b>NOHSC 2002(2005) Sec: 9.1</b> <b>NOHSC 2002(2005) Sec: 9.2</b>	<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NA	Comments:
e) Control of electrical and lighting installations. <b>NOHSC 2002(2005) Sec: 9.3</b>	<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NA	Comments:
f) Personal protective equipment (PPE) to be used, including respiratory protective equipment (RPE). <b>NOHSC 2002(2005) Sec: 9.7</b>	<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NA	Comments:
g) Air monitoring program <b>NOHSC 2002(2005) Sec: 9.8</b>	<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NA	Comments:
h) Waste storage and disposal program <b>NOHSC 2002(2005) Sec: 9.10</b>	<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NA	Comments:
i) Permits authorised including but not limited to: - Permit to work - Excavation	<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NA	Comments:
<b>3.7 Control Measures</b>				
a) Methods for removing the Fibrous Materials (wet or dry methods) <b>NOHSC 2002(2005) Sec: 9.5</b>	<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NA	Comments:
b) Program of commencement and completion dates.	<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NA	Comments:
c) Emergency plans <b>NOHSC 2002(2005) Sec: 8.2</b>	<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NA	Comments:

d) Fibrous Materials removal boundaries, including the type and extent of isolation required and the location of any signs and barriers. <b>NOHSC 2002(2005) Sec: 9.1</b> <b>NOHSC 2002(2005) Sec: 9.2</b>	<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NA	Comments:
e) Control of electrical and lighting installations. <b>NOHSC 2002(2005) Sec: 9.3</b>	<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NA	Comments:

**3.8 Decontamination**

a) Detailed procedures for workplace decontamination, the decontamination of tools and equipment, personal decontamination and the decontamination of non-disposable PPE & RPE. <b>NOHSC 2002(2005) Sec: 9.9</b>	<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NA	Comments:
---	----------------------------	-----------------------------	-----------------------------	-----------

**3.9 Waste Disposal**

a) Methods of disposing of Fibrous Materials wastes, including details on the disposal of: <ul style="list-style-type: none"> <li>• disposable protective equipment; and</li> <li>• the structure(s) used to enclose the removal area</li> </ul> <b>NOHSC 2002(2005) Sec: 9.11</b>	<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> NA	Comments:
--	----------------------------	-----------------------------	-----------------------------	-----------

**Section 4: Authorisation and Acceptance**

<b>Southern Ports Authorisation</b>	I hereby confirm that the applicant is duly authorised and granted access to areas and times as specified in section 2 of this permit.			
	Name:		Position:	
	Signature:		Date:	
<b>Applicant Acceptance</b>	I have read and understood the permit requirements and will undertake to work in accordance with the Southern Ports Esperance Dust & Fibrous Materials Management Plan, the relevant Codes of Practice, and legislative requirements.			
	Name:		Position:	
	Signature:		Date:	

