Southern Ports

Fibrous / Asbestos Materials Permit

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 Notification					
a) Notification requirements have been met and required documentation will be on site (e.g. removal license, control plan, training records.	☐ C	☐ NC	☐ NA	Comments:	
3.2 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) ACM register to be provided to removalist to identify ACM.	☐ C	☐ NC	☐ NA	Comments:	
3.3 Preparation					
a) Consult with relevant parties (HSR; workers; person who commissioned the removal work, licensed asbestos assessors)	☐ C	☐ NC	☐ NA	Comments:	
b) Dust and Fibrous Materials Management Plan (D17/16739) to be followed. Risk assessment to be conducted prior to works commencing.	☐ C	☐ NC	☐ NA	Comments:	
c) Assigned responsibilities for the removal including the development of a risk assessment and safe work methods.	☐ C	☐ NC	☐ NA	Comments:	
d) Program of commencement and completion dates.	☐ C	☐ NC	☐ NA	Comments:	
e) Emergency plans	☐ C	☐ NC	☐ NA	Comments:	
f) Fibrous Materials removal boundaries, including the type and extent of isolation required and the location of any signs and barriers.	☐ C	☐ NC	☐ NA	Comments:	
g) Control of electrical and lighting installations.	☐ C	☐ NC	☐ NA	Comments:	
h) Personal protective equipment (PPE) to be used, including respiratory protective equipment (RPE).	☐ C	☐ NC	☐ NA	Comments:	

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3.4	**Removal**				
a)	Details of air monitoring program control and clearance	☐ C	☐ NC	☐ NA	Comments:
b)	Waste storage and disposal program	☐ C	☐ NC	☐ NA	Comments:
c)	Permits authorised including but not limited to: • Permit to work • Excavation Permit • Penetration Permit	☐ C	☐ NC	☐ NA	Comments:
d)	Methods for removing the Fibrous Materials (wet or dry methods)	☐ C	☐ NC	☐ NA	Comments:
e)	Fibrous Material removal equipment (e.g. spray equipment, HEPA filtered H-Class industrial vacuum cleaners, cutting tools)	☐ C	☐ NC	☐ NA	Comments:
f)	Other risk control measures	☐ C	☐ NC	☐ NA	Comments:
3.5	**Decontamination**				
a)	Detailed procedures for workplace decontamination, the decontamination of tools and equipment, personal decontamination and the decontamination of non-disposable PPE & RPE.	☐ C	☐ NC	☐ NA	Comments:
3.6	**Waste Disposal**				
a)	Methods of disposing of Fibrous Materials wastes, including details on the disposal of: • disposable protective equipment; and • the structure(s) used to enclose the removal area	☐ C	☐ NC	☐ NA	Comments:
3.7	**Clearance and Air monitoring**				
a)	Name of the independent competent person or licensed asbestos assessor engaged to conduct air monitoring (if any).				
3.8	**Consultation**				
a)	Consult with any people who may be affected by the removal work, including neighbours.				

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Section 4: Authorisation and Acceptance				
Southern Ports Authorisation	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:	
Applicant Acceptance	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:	
Section 5: Works Completion				
Permit Requester	I hereby confirm that the described scope of works has been completed against: ☐ the permit requirements; ☐ the Southern Ports Esperance Dust & Fibrous Materials Management Plan; ☐ the relevant Codes of Practices; and ☐ legislative requirements			
	Name:		Position:	
	Signature:		Date:	
Southern Ports Authoriser	I hereby confirm that: ☐ the scope of work has been completed ☐ the permit was cancelled and the work site has been left safe			
	Name:		Position:	
	Signature:		Date:	
Fibrous Materials Surveyor	I hereby confirm that: ☐ the scope of work has been completed ☐ the permit was cancelled and the work site has been left safe			
	Name:		Position:	
	Signature:		Date:	
Comments:				
Refer to: Worksafe WA Code of Practice: How to safely remove asbestos (2022)				