Asbestos treatment/removal permit application and advice form

Part 1: Application for permit to remove/treat asbestos – to be completed by contractor prior to asbestos treatment/removal works

Name of contractor undertaking works: ________________________________

Name of on-site supervisor: ___________________________ Mobile number: __________________

University project or works-request number: ________________________________

Date of permit application (must be at least five days prior to proposed works): ___/___/___

Date of proposed works: ___/___/___

Building: ___________________________ Room number: __________________

Building element (e.g. floor, ceiling): ________________________________

Type of asbestos suspected: ________________________________

Condition of material suspected to be asbestos: ________________________________

Asbestos removal control plan provided to Worksafe Tasmania and a copy provided to the University of Tasmania: Yes ☐ No ☐

Is material on the University’s asbestos register? Yes ☐ No ☐
(The University’s asbestos register can be accessed from the link on the CSD WHS page: http://www.utas.edu.au/commercial-services-development/work-health-and-safety)

Proposed outcome (removal, encapsulation etc): ________________________________

Signed (contractor): ___________________________ Name: ________________________________

Part 2: Permit approval – to be complete by University of Tasmania Project Manager (PM) or Customer Response Officer (CRO)

Approval for work on proposed date Yes ☐ No ☐

Funds allocated Yes ☐ No ☐

Building occupants notified Yes ☐ No ☐

Start work notice issued Yes ☐ No ☐

Signed (PM or CRO): ___________________________ Name: ________________________________

Please complete this form and return to Campus Services, University of Tasmania, Private Bag 35, Hobart 7001; Email Campus.Services@utas.edu.au; Telephone (03) 6226 2791
Part 3: Asbestos treatment/removal advice – to be completed by contractor at the completion of asbestos treatment/removal

University project or works request number: ________________________________

Company that conducted works: ________________________________

Date works completed:   /   /

Building: ________________________________ Room number ____________

Building element (e.g floor, ceiling): ________________________________

Equipment used: ________________________________

Action taken: ________________________________

Reason for action: ________________________________

Warning labels fitted: Yes ☐ No ☐

Type of asbestos suspected: ________________________________ Tested by: ____________

Proof tested as: ________________________________ (Please attach test results)

Condition of asbestos: ________________________________

Future action required: ________________________________

Signed ________________________________ Name ________________________________

Date:   /   /

Note: Please attach asbestos test results to this form.