

I&TS HSW Management Sub-System
3.1-13F01 Asbestos Removal Control Plan

The purpose of this Asbestos Removal Control Plan is to ensure that adequate controls are implemented and that timely notifications are made to affected stakeholders. Adequate notice (5 days) is required prior to the removal or disturbance of asbestos being undertaken.

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| ARCP Number | |
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1. COMPANY DETAILS

| | | | |
|---|--|--------------------------|--|
| Removal Company Name: | | | |
| Supervisor name & phone number: | | Company location: | |
| Asbestos removal licence number: | | EPA Licence: | |
| Person commissioning the work name & phone number: | | Company: | |

2. ASBESTOS DETAILS




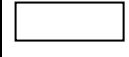

| | | | | | | |
|---|----------------------------------|------------------------------------|--|--|----------------|-------------|
| Campus: | | | | | Room/s: | |
| Building: | | | | | | |
| Item Ref. No./s: (Refer to Asbestos Register) | | | | | | |
| Start Date | | Time | | End Date | | Time |
| Asbestos process including restrictions and variations to SWMS | | | | | | |
| Friable Asbestos Material Type | <input type="checkbox"/> Pipe | <input type="checkbox"/> Mastic | <input type="checkbox"/> Insulation | <input type="checkbox"/> Switchboards/Meter | | |
| | <input type="checkbox"/> Soil | <input type="checkbox"/> Bitumen | <input type="checkbox"/> Roof Tiles | <input type="checkbox"/> Gaskets or Rope | | |
| | <input type="checkbox"/> Other | Details: | | | | |
| Non-Friable Asbestos Material Type | <input type="checkbox"/> Cement | <input type="checkbox"/> Ceiling | <input type="checkbox"/> Wall Cladding | <input type="checkbox"/> Vinyl Floor Tiles/Sheet | | |
| | <input type="checkbox"/> Fencing | <input type="checkbox"/> Eaves | <input type="checkbox"/> Soil | <input type="checkbox"/> Zelemite/Resin/Mastic | | |
| | <input type="checkbox"/> Other | Details: | | | | |
| Asbestos Condition | <input type="checkbox"/> Good | <input type="checkbox"/> Extensive | <input type="checkbox"/> Minor Damage | <input type="checkbox"/> Significant Weathering | | |
| | <input type="checkbox"/> Painted | <input type="checkbox"/> Unsealed | <input type="checkbox"/> Fire Damage | <input type="checkbox"/> Slightly Weathered | | |
| Quantity (approx. in m2) | | Asbestos Register Available | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |

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3. NOTIFICATION DETAILS

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| SafeWork SA Application Required for the removal of ACM? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Notification No. | |
| Person responsible for notification: | | | Date notification sent: | |
| Areas to be notified: | | | | |

4. RESPONSIBILITIES AND SITE SECURITY

| | | | | |
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| Person responsible for the security and safety of the removal site: | | | Contact Number: | |
| If removal is >1 day, how will the site be secured after hours? | | | | |
| Asbestos removal boundaries: | <input type="checkbox"/> Barrier Mesh and Signage | <input type="checkbox"/> Spotter Required | <input type="checkbox"/> Doors Secured | |
| | <input type="checkbox"/> Emergency Exits Secured | <input type="checkbox"/> Lifts Isolated | <input type="checkbox"/> Other | |
| Barricade and Signage location Legend: | --- Barrier |  Signage |  Personal Decontamination Area | |
| |  Air Monitors |  Skip/Truck Location |  Removal Routes | |
| Work area sketch: | | | | |

5. EMERGENCY DETAILS

| | | | | |
|------------------------------------|-------------------|--|------------------------------------|-------|
| Evacuation muster point: | | | | |
| Equipment location: | Fire extinguisher | | First aid Kit | Other |
| First Aid officer: | | | Contact number: | |
| Contractor emergency contact: | | | Contact number: | |
| Emergency procedure: | | | | |
| EMERGENCY SERVICES CALL 000 | | | UoA SECURITY CALL 831 35990 | |

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6. PERMIT/PERMISSION TO WORK

| | | | | |
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| UoA Permit/Permission required in addition to asbestos removal/disturbance? | <input type="checkbox"/> Hot Work | <input type="checkbox"/> Confined Space | <input type="checkbox"/> General | <input type="checkbox"/> Isolation |
| | Number: | Number: | Number: | Number: |

7. SET UP OF REMOVAL AREA

| | | | | | | | |
|--|--|------------------------------------|------------------------------------|---------------------------------|-------------------------------|----------------------------------|------------------------------------|
| Friable Asbestos | | | | | | | |
| Is the work area required to be fully encapsulated with a negative air pressure enclosure? | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Details of enclosure construction: | | | | | | | |
| Negative pressure exhaust details: | Make | | | | Model | | |
| | Location | | | | Rating | | |
| Smoke testing must be conducted prior to use and at regular intervals to confirm the integrity of the enclosure, records of the tests will be maintained | | | | | | | |
| Frequency of testing: | | | | | | | |
| Person responsible for testing: | | | | Contact number: | | | |
| Provide details of any other control measures to contain asbestos: | | | | | | | |
| Details of decontamination unit connected to enclosure: | | | | | | | |
| Non-Friable Asbestos | | | | | | | |
| Area preparation | Do flooring and other surfaces require containment from asbestos dust? | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | <input type="checkbox"/> Floors | <input type="checkbox"/> Offices | <input type="checkbox"/> Corridors | <input type="checkbox"/> Window | <input type="checkbox"/> Lift | <input type="checkbox"/> Air Con | <input type="checkbox"/> Stairwell |
| | <input type="checkbox"/> Ceiling Space | <input type="checkbox"/> Air Vents | <input type="checkbox"/> Doors | <input type="checkbox"/> Other: | | | |
| Method of containment: | | | | | | | |

8. AIR MONITORING

| | | | |
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| Note: The final location and number of air sampling units will be determined by the licensed asbestos assessor. Any variation to the original plan must be amended and initiated by the assessor. | | | |
| Air monitoring company: | | Number of sample units: | |
| Contact Person: | | Phone: | |

9. PPE

| | | | | | |
|---|------------|------|-------------------------------|------------------------------|-----------------------------|
| Listed PPE must be worn at all times during the removal process; other PPE may be required and will be listed on the attached SWMS: | Respirator | Type | Workers have been fit tested? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Overalls | Type | | | |
| | Gloves | Type | | | |
| | Boots | Type | | | |

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10. REMOVAL METHOD

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| Whenever possible dry asbestos should not be worked on. | <input type="checkbox"/> Wet | Details: |
| | <input type="checkbox"/> Dry | Details: |

11. EQUIPMENT

| | | | |
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| Equipment is to be compliant with WHS Reg 2012 SA s446 | | | |
| Hand tools: | | | |
| Power tools: | | | |
| Spray Equipment: | <input type="checkbox"/> Low Pressure Trigger | <input type="checkbox"/> Hand Pump | <input type="checkbox"/> Other |
| Vacuuming equipment is industrial and complies with AS/NZS 60335.2.69:2012? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Equipment number: |
| All tools and equipment used in ACM work are inspected prior to work commencing? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Inspected by: | | | |

12. DECONTAMINATION

| | | | |
|---|--|------------------------------|-------------------------------------|
| ACM Removal area decontamination methods: | <input type="checkbox"/> Wet | <input type="checkbox"/> Dry | <input type="checkbox"/> Wet wiping |
| Equipment decontamination methods: | <input type="checkbox"/> Wet | <input type="checkbox"/> Dry | <input type="checkbox"/> Wet wiping |
| | <input type="checkbox"/> Double bagged and taped | | <input type="checkbox"/> Disposed |
| Personal decontamination methods: | <input type="checkbox"/> Wet Wiped | | <input type="checkbox"/> Vacuum |

13. DISPOSAL

| | | | |
|--|---|--|-----------------------------|
| Waste disposal methods: | Will removed ACM be held on site for more than 1 day? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| How will ACM held on site be secured from unauthorised access? | | | |
| Waste disposal depot: | | | |
| EPA transport licence number: | | Quantity of waste removed (approx. in kg): | |

14. WORKER SIGN OFF – all workers must sign off to verify that they understand the requirements of this control plan and that they have completed training and are competent to conduct the ACM removal

| | | | | | |
|-------|--|------------|--|-------|--|
| Name: | | Signature: | | Date: | |
| Name: | | Signature: | | Date: | |
| Name: | | Signature: | | Date: | |
| Name: | | Signature: | | Date: | |
| Name: | | Signature: | | Date: | |
| Name: | | Signature: | | Date: | |

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| 15. TRAINING | | | |
|---|------------------------------|---|-----------------------------|
| All workers that have signed this ARCP are adequately trained to undertake the task and training documentation is provided? | Supervisor | <input type="checkbox"/> Yes <input type="checkbox"/> No | Workers |
| All workers have completed the UoA Contractor induction? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| Person responsible for updating the worker exposure records: | | | |



| 16. ARCP REQUEST (ARCP Holder) | | | |
|--|--------------------------|--|-------|
| This acknowledgement signifies a formal request to commence activities involving the removal or disturbance of asbestos. I request this ARCP be acknowledged and registered by the relevant University of Adelaide ARCP Issuer. As the person requesting this ARCP, I hereby certify that: | | | |
| ALL ITEMS MUST BE TICKED | <input type="checkbox"/> | I have developed / reviewed the attached SWMS/JSA for the work covered by this ARCP. | |
| | <input type="checkbox"/> | All work being undertaken covered by this ARCP meets the current South Australian WHS legislative requirements. | |
| | <input type="checkbox"/> | I am competent to co-ordinate this work activity in accordance with the attached ARCP and SWMS. | |
| | <input type="checkbox"/> | I shall ensure that all persons required to carry out the work have: the relevant licences; attended the current University of Adelaide Contractor Induction; been consulted and understand the requirements of the SWMS and the ARCP. | |
| | <input type="checkbox"/> | I shall implement all planned and necessary controls to ensure the health and safety of all persons who may be affected by the activities. | |
| | <input type="checkbox"/> | I shall monitor the identified hazards and control strategies throughout the work activities. | |
| ARCP Holder Name: | | Signature: | |
| | | | Date: |
| | | | Time: |

| 17. PRINCIPAL CONTRACTOR/ PCBU CONTRACTING THE WORK TO THE ARCP HOLDER | | | |
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| As the Principal Contractor (where someone other than the University has engaged the ARCP Holder)/ PCBU (where the University has engaged the ARCP Holder) commissioning the work, I have reviewed the attached SWMS (and kept a copy) for the work covered by this ARCP to ensure: | | | |
| ALL ITEMS MUST BE TICKED | <input type="checkbox"/> | Hazards and risks have been identified and adequate controls measures are implemented. | |
| | <input type="checkbox"/> | Workers undertaking the work are trained and competent to undertake this work in accordance with the attached SWMS. | |
| | <input type="checkbox"/> | All work being undertaken covered by this ARCP meets the current South Australian WHS legislative requirements. | |
| PCBU/Principal Contractor Rep: | | Signature: | |
| | | | Date: |
| | | | Time: |

| 18. I&TS ARCP ISSUER | | | |
|---|--|--------------------------------|-------|
| The above criteria have been addressed and the work is authorised to commence in accordance with the ARCP and SWMS and identified control measures. As the I&TS Permit Issuer, I hereby acknowledge that: | | | |
| <input type="checkbox"/> | I have allocated this ARCP a number and scanned to the ARCP register in the relevant area. | | |
| <input type="checkbox"/> | The UoA Asbestos Consultant (where required) and the Branch/Faculty Manager of the affected/adjacent areas have been notified. | Person making the notification | |
| ARCP Issuer: | UoA | Signature: | |
| | | | Date: |
| | | | Time: |

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19. ASBESTOS REMOVAL CLEARANCE

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|--|---|--------------|--|--------------|
| Asbestos Removal Location Plan Legend: |  | Area removed |  | Air Monitors |
|--|---|--------------|--|--------------|

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| Asbestos Removal Location Plan sketch: | |
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Supporting Photographs:

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Notes/ Recommendations:

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| 20. COMPLETION OF ACM REMOVAL WORK | | |
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| UoA Project Manager and WHS Advisor notified via text message that the work has been completed and that the area is safe for reoccupation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Client advised to amend the asbestos register to reflect the work undertaken? | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Clearance certificate provided to the UoA Project Manager and WHS Advisor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Prescribed waste transport certificate and quantity of waste removed (in kg) provided to UoA Project Manager and WHS Advisor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A map detailing the items removed, the item reference number/s and their location has been provided to UoA Project Manager and WHS Advisor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Photographs have been provided to UoA Project Manager and WHS Advisor? | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
| UoA Asbestos removal permit has been signed off and returned to the UoA Project Manager and WHS Advisor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| 21. CONTRACTOR SIGN OFF | | |
|---|---|----------|
| As the person completing the asbestos removal, I hereby certify that: | | |
| <input type="checkbox"/> | The ACM removal has been completed as per the above plan. | |
| <input type="checkbox"/> | The site has been left in a clean and safe condition. | |
| <input type="checkbox"/> | All documentation is accurate to the best of my knowledge and has been provided to the UoA Project Manager. | |
| <input type="checkbox"/> | Any hazards or incidents have been reported. | |
| Name: | | Company: |
| Signature: | | Date: |
| | | Time: |

| 22. UoA SIGN OFF | | |
|--|---|---|
| Has all documentation has been provided to Campus Services for their records? [N.B. Forward to asbestos_info@adelaide.edu.au] | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | As the ARCP Issuer, I authorise the closure of the ARCP, will scan it to the PTW Register in my area and forward it to asbestos_info@adelaide.edu.au | |
| Name: | Signature: | Date: |
| | | Time: |
| Position: | Department: | |

| | |
|------------------------------------|--------------------------------|
| Original – Retained by ARCP Holder | Copy – Retained by ARCP Issuer |
|------------------------------------|--------------------------------|