Asbestos Removal Action Plan

The asbestos removal contractor must develop a site-specific asbestos removal plan before starting any asbestos removal work. The purpose of each asbestos removal control plan is to ensure the removal is well planned and carried out in a safe manner.

For more information, refer to WorkSafe’s *Approved Code of Practice for the Management and Removal of Asbestos* [*section 26*](https://woogle.wellingtonwater.co.nz/site/bupr/QPulseDocuments/Forms/By%20Document%20number.aspx) *and* [*Appendix H.*](https://woogle.wellingtonwater.co.nz/site/bupr/QPulseDocuments/Forms/By%20Document%20number.aspx)

**General details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date work begins** |  | **Date work complete** |  |
| **Project/site address** |  |
| **Plan for consultation with people who might be affected** | *Provide details or link to document* |
| **Asbestos location** |  |
| **Asbestos type****Asbestos condition** |  |
| Friable ☐ | Non-friable ☐ |
| **Asbestos quantity to be removed** |  |
| **Description of work** |  |
| **Removal method** |  |
| **Describe the asbestos removal boundaries** | *Provide text or link to diagrams* |
| **WorkSafe notification required** | Greater than 10m2 or asbestos-containing material is friableYes ☐**Note:** A licenced asbestos remover is required. | Less than 10m2 No ☐ |

**Licenced asbestos remover details**

*Add rows as required*

|  |  |  |  |
| --- | --- | --- | --- |
| **Contractor** | **Name** | **Asbestos Removal Licence number** | **Expiry date** |
|  |  |  |
| **Subcontractor** | **Name** | **Asbestos Removal Licence number** | **Expiry date** |
|  |  |  |

**Asbestos removal details**

|  |  |
| --- | --- |
| **List equipment to be used** | *For example, spray equipment, asbestos vacuum cleaners, cutting tools*1. |
| **How will it be removed safely?** |  |
| **Constructing/ dismantling enclosures and decontamination facilities (Class A only)** | *Provide details, size, shape, structure, electricity, water, negative exhaust units or link to document* |
| **Required PPE** | *For example, coveralls, gloves, footwear, respiratory protective equipment (RPE)* |
| **Warning signs/label required** | *If yes, provide details, including number, type, and location* |
| **Electrical equipment isolation plan** | *Provide details or link to document* |
| **Air monitoring program (Class A only)** | *Provide details, including name of person responsible for monitoring the air, or link to document* |
| **Site-specific emergency plan** | *Provide details or link to document* |
| **Decontamination procedure** | *Provide details or link to document* |
| **Clearance procedure (Class A only)** | *Provide details, including name of independent licenced asbestos removal assessor or link to document* |

|  |  |
| --- | --- |
| **Person responsible for monitoring work and clearing site** |  |
| **Transport and disposal** | *Provide details, including is approval required from local authority, transport company name, how asbestos contained, quantity, where stored onsite, how waste transported, how disposal will be verified, and asbestos waste disposal location* |

**Plan approval**

|  |  |
| --- | --- |
| **Name** |  |
| **Title** |  |
| **Signature** |  |
| **Date** |  |

Provide this approved asbestos removal plan and all relevant documents to: