

VERIFICATION INSPECTION CHECKLIST



TRADE: ASBESTOS REMOVAL Date: _____

PROJECT NAME: _____ Lot No.: _____

| Item No | ✓ / X | Description |
|---------|--------------------------|--|
| 1 | <input type="checkbox"/> | Asbestos: Samples taken & tested for areas not registered |
| 2 | <input type="checkbox"/> | Licensed contractor & business engaged to do work |
| 3 | <input type="checkbox"/> | Safe Work Method statement produced and approved |
| 4 | <input type="checkbox"/> | All necessary notifications made, monitoring stations agreed & approved and licence for removal obtained |
| 5 | <input type="checkbox"/> | Arrangements confirmed for disposal at approved facility or area |

| Section Complete | Subcontractor Name: | Company: | Sign: | Proline sign: | Date: |
|------------------|---------------------|----------|-------|---------------|-------|
|------------------|---------------------|----------|-------|---------------|-------|

Removal of Asbestos: (Subcontractor & Proline Supervisor to tick off items when checked)

| | | |
|----|--------------------------|---|
| 6 | <input type="checkbox"/> | Area of work designated, segregated, screened off and warning signs are posted |
| 7 | <input type="checkbox"/> | Safe Work Method statement & monitoring systems being implemented and followed |
| 8 | <input type="checkbox"/> | Air monitoring being undertaken and results recorded |
| 9 | <input type="checkbox"/> | Correct disposal bags being used and labelled |
| 10 | <input type="checkbox"/> | Correct wrapping methods used for larger items |
| 11 | <input type="checkbox"/> | All designated material being loaded into totally sealed skips |
| 12 | <input type="checkbox"/> | Asbestos waste being disposed of at approved tip. Confirmation dockets to be forwarded to Proline Bld |

On Completion: (Subcontractor & Proline Site Manager to tick off items when checked)

| | | |
|----|--------------------------|---|
| 13 | <input type="checkbox"/> | Handover certificate received when air count is at acceptable level |
|----|--------------------------|---|

| | |
|--|-------|
| Work completed by (Subcontractor Name / Sign): | Date: |
|--|-------|

| | |
|---|-------|
| Work Inspected by (Proline Name/ Sign): | Date: |
|---|-------|

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|--|---|
| Work Inspected (if required) by (Client Name/ Sign): | Re-inspection Required Yes <input type="checkbox"/> No <input type="checkbox"/> |
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|--|----------------|
| Issues to be rectified before re-inspection: | Proposed Date: |
|--|----------------|