

TECHNICAL SERVICES ASBESTOS ADVISORY TEAM



Government of South Australia

Department of Planning,
Transport and Infrastructure

ASBESTOS MANAGEMENT Removal Record and Confirmation of Services

FM CONTRACTOR TO COMPLETE

ASSET:		ASSET NO:	
ASSET ADDRESS:			
FAMIS/MACS JOB NUMBER:		DATE:	

AGENCY CONTACTS

AGENCY CORPORATE	DPTI ASBESTOS ADVISORY TEAM
NAME:	NAME: Sam Mangas
PHONE:	PHONE: 83432642
FAX:	Email: Sam.Mangas@sa.gov.au

PROJECT NAME AND DETAILED SCOPE OF WORKS – Attach additional documents if required.

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CONTRACTOR to complete this section in the presence of the Site manager /contact and fax form to DPTI Facilities Manager

Action	√	Date/time	Comments
*Asbestos project removal date			
*Time of project commencement			
*Anticipated project completion date			
*Work to be undertaken by DPTI Pre-Qualified & Licensed Asbestos removalist (insert sub contractor name in comments)			
Atmospheric testing during works, on completion & reporting will be undertaken by: (Insert name in comments)			Safework SA Licensed Asbestos Assessor
*Job Risk Safety Analysis carried out (Copies to site & FM)			To be supplied by contractor
*Work Method Statement carried out (Copies to site & FM)			To be supplied by contractor
*Scope of Works agreed, include site plan detailing amount of asbestos containing material (ACM) removed and location of each removal (e.g. building, room number etc) (Copies to site, FM and DPTI Asbestos Advisory Team)			
*A/Hours contacts agreed			
*Confirmation of people free site by Site Manager (Department for Education Policy requires no site occupants to be on site during asbestos removal)			
*Internal access required			
*SafeWork SA Approval documentation (Copies to DPTI Asbestos Advisory Team)			

PROJECT CONTACTS AND AGREEMENT

	Removalist / Head Contractor	Site Manager / Contact	DPTI Facility Manager / Representative	Corporate Agency Representative
Name:				
Phone:				
Fax:				
Signed:				
Title:				
Date:				