

SAMPLE checklist

Asbestos

The following checklist is intended to provide general information to assist clients in managing asbestos. This is not an exhaustive checklist of all possible controls.

Where the organisation answers the question with a 'no', further investigation of the risk and possible control measures should be determined and implemented.

1. Identification

	Yes	No	N/A	If No, actions required:	Date:
1.1 Has an asbestos audit been conducted on the buildings by a qualified asbestos consultant/specialist provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
1.2 Have asbestos containing materials been identified in your premises including inaccessible areas by competent persons? <i>Note: the term competent person is used as defined in The Code of Practice for the Management and Control of Asbestos in Workplaces [NOHSC 2018:(2005)]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
1.3 Where the presence of asbestos is confirmed or presumed, have warning signs and labels been installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

2. Consultation

	Yes	No	N/A	If No, actions required:	Date:
2.1 Have staff, contractors and if required an asbestos consultant been consulted to determine the maintenance and service tasks that may disturb asbestos containing materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2.2 Have workers, contractors and other relevant persons been consulted and provided with communication regarding asbestos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2.3 Do contractors undergo Occupational Health and Safety (OH&S) inductions and sign the asbestos register?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2.4 Have workers, contractors and others been provided training on asbestos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

3. Risk Assessment

	Yes	No	N/A	If No, actions required:	Date:
3.1 Have the risks of identified asbestos containing materials been assessed, including the review of existing controls and determining the likelihood and consequence of the risk occurring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3.2 Have risk control measures been implemented to eliminate the risk of asbestos containing materials and prevent exposure to airborne asbestos fibres?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

4. Treatments and Controls

	Yes	No	N/A	If No, actions required:	Date:
4.1 Has the organisation identified their asbestos legislative requirements and are they compliant with the requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4.2 Has an asbestos management policy and procedure been developed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4.3 Has an asbestos management plan been developed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4.4 Do you have an asbestos register?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4.5 Is your asbestos register reviewed and updated regularly or when changes occur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4.6 Have safe work Instructions been developed for maintenance and service work to avoid contact with asbestos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4.7 Are regular visual inspections of the asbestos conducted by a competent person and recorded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4.8 Is health surveillance provided to workers who have been exposed to asbestos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4.9 Are only qualified and licensed asbestos removalists contracted to safely remove asbestos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4.10 Following removal of asbestos or following demolition, has an asbestos consultant/specialist provider conducted an inspection and testing and provided a certificate of clearance to deem the workplace free of asbestos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4.11 Is asbestos containing material removed prior to demolition, partial demolition, refurbishment or renovation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

5. Other

	Yes	No	N/A	If No, actions required:	Date:
5.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5.7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5.8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Reference

National Occupational Health and Safety Commission, Code of Practice for the Management and Control of Asbestos in Workplaces [NOHSC: 2018], 2005

For further information and assistance on asbestos management or to obtain a copy of our asbestos management fact sheet, please contact the Risk Management Helpdesk on 1300 660 827.

1300 660 827
www.ccinsurances.com.au

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