



# Asbestos Site Checklist

This checklist has been developed for use by competent persons that have attended asbestos awareness training within the last 18 months.

If you have not attended asbestos awareness training within the last 18 months, it is advised that you should contact HSS Health & Safety Services to arrange your session.

This checklist has been devised purely as an aid to assist people on site prior to any work commencement. HSS Health & Safety Services will not be held liable for any mis-interpretation, failings or missed checks prior to and during any works by any person.

Remember, If you think you have identified asbestos. Stop work immediately. Seal off the area. Prevent any entry to the area. Instruct all persons on site of the asbestos and the area sealed off. Inform the site supervisor / management as soon as possible. Management should then engage a UKAS Accredited Asbestos Company to conduct an emergency examination of the area, air test and sample the suspected material(s).

Our preferred UKAS Accredited Asbestos company is Thames Laboratories - contact on 0800 085 2348

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|---|
| Green means everything is ok  |
| Red means seek professional assistance from either Management, HSS Health & Safety Services or a UKAS Accredited Asbestos Co. |
| Blue means a Risk Assessment should be completed to identify additional control measures and / or engage further resources    |
| Grey means areas Not Applicable   |

| Reference | Checklist Question   | Yes (Tick) | No (Tick) |
|-----------|--|------------|-----------|
| 1         | Have you attended asbestos awareness training in the last 12 months?   |            |           |
| 2         | Have you read and understood the company asbestos procedures?  |            |           |
| 3         | Have you been able to obtain a copy of the site asbestos survey?   |            |           |
| 4         | What type of Survey has been carried out?<br>(If any refurbishment work or demolition is to be carried out the survey must be a Demolition & Refurbishment Survey) |            |           |
|           | Management Survey  |            |           |
|           | Demolition & Refurbishment Survey  |            |           |
| 5         | When was the Asbestos Survey last monitored?   |            |           |
|           | Within the last 12 Months  |            |           |
|           | 1 – 2 Years Ago  |            |           |
|           | 2 + Years Ago  |            |           |
| 6         | Has asbestos been identified in the area where you are working?  |            |           |
| 7         | Are you able to understand where the asbestos is situated in the room from the survey?   |            |           |
| 8         | Is asbestos present where you need to work?  |            |           |
| 9         | Have asbestos materials been identified with warning labels?   |            |           |
| 10        | Do you need to work on or near the asbestos material?  |            |           |
| 11        | Do you need to inform your site supervisor and / or line manager of the presence of asbestos?  |            |           |
| 12        | Has a Risk Assessment been devised for the project?  |            |           |
| 13        | Does the risk assessment include working with asbestos materials?  |            |           |
| 14        | Can work be undertaken under controlled conditions within the parameters of the Asbestos Essentials Task Manual?   |            |           |

| Reference | Checklist Question  | Yes<br>(Tick) | No<br>(Tick) |
|-----------|---|---------------|--------------|
| 15        | If the answer to 14 is Yes. Are the persons carrying out the work competent to undertake the task?                |               |              |
| 16        | Have you been informed of what work you are able / competent to carry out in areas where asbestos may be present? |               |              |
| 16        | Are there adequate provisions of PPE & RPE available for the task?  |               |              |
| 17        | Do you require a sample of a material to be tested?   |               |              |
| 18        | Do you know what to do in the event that you suspect a material to be asbestos or ACM?                            |               |              |
| 19        | Do you know what to do in the event of accidental disturbance of asbestos materials?                              |               |              |
| 20        | Are additional Risk Assessments required?   |               |              |
| 21        | Are suitable control measures in place? If No, Consult with Management Immediately.                               |               |              |

This checklist is not exhaustive and may not specify all areas that should be reviewed prior to the commencement of work. Please use the following blank table to address further questions that may be useful for you or your company.

| Reference | Checklist Question | Yes<br>(Tick) | No<br>(Tick) |
|-----------|--------------------|---------------|--------------|
| 22        |                    |               |              |
| 23        |                    |               |              |
| 24        |                    |               |              |
| 25        |                    |               |              |
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| 27        |                    |               |              |
| 28        |                    |               |              |
| 29        |                    |               |              |
| 30        |                    |               |              |

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Under no circumstance should this checklist be used as a management tool. Its purpose is merely intended to help raise the awareness of asbestos in the workplace. HSS Health & Safety Services will not be held liable for any mis-representation, loss, damage, costs, expenses or other claims for compensation arising from this checklist.

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