



SITE / BUILDING	ADDRESS	SPECIFIC LOCATION / AREA	DESCRIPTION OF WORK
_____	_____	_____	_____
VALID FROM (DATE / TIME)	VALID TO (DATE / TIME)	SWMS / JSA REF.	PERMIT NO.
_____	_____	_____	_____

1 This permit covers

☐ Removal ☐ Disturbance ☐ Encapsulation

2 Requirements — confirm before work commences

WHS Reg 2017

#	REQUIREMENT	YES	NO	N/A	COMMENTS
1	Asbestos register reviewed	☐	☐	☐	
2	Material identified	☐	☐	☐	
3	Licensed contractor engaged (where required)	☐	☐	☐	
4	Air monitoring arranged	☐	☐	☐	
5	Exclusion zone established	☐	☐	☐	
6	PPE issued	☐	☐	☐	
7	Waste disposal arrangements confirmed	☐	☐	☐	
8	Clearance inspection planned	☐	☐	☐	
9	Notification requirements met	☐	☐	☐	
10	Emergency procedures established	☐	☐	☐	

3 Asbestos details

TYPE (FRIABLE / NON-FRIABLE)	LICENSED CONTRACTOR / LICENCE NO.	AIR MONITORING BY
_____	_____	_____
WASTE DISPOSAL FACILITY	CLEARANCE INSPECTION BY	REGULATOR NOTIFICATION REF.
_____	_____	_____

Authorisation & acceptance

This permit is **not valid until authorised**. By signing, the receiving worker confirms they understand the hazards, controls and conditions of this permit.

ISSUED / AUTHORISED BY (NAME & SIGNATURE)	POSITION	DATE / TIME
_____	_____	_____
ACCEPTED BY (RECEIVING WORKER — NAME & SIGNATURE)	COMPANY / ROLE	DATE / TIME
_____	_____	_____



Completion & cancellation

On completion, confirm the area is safe, controls / isolations removed where appropriate and systems returned to normal.

PERMIT CLOSED / CANCELLED BY (NAME & SIGNATURE)

POSITION

DATE / TIME

Guidance only. Asbestos work is strictly regulated under the **WHS Regulation 2017**. Friable asbestos (and most removal over the prescribed area) requires a **licensed asbestos removalist**, regulator **notification**, **air monitoring** and a **clearance certificate** before re-occupation. Confirm the specific licensing and notification requirements for the work.