

# NON-FRIABLE ASBESTOS REMOVAL CONTROL PLAN

## Part A – TO BE COMPLETED BEFORE REMOVAL STARTS

Prepared By:		Date:		ST	
Asbestos Removal Licence Holder:		Licence No:			
Asbestos removal licence holders contact details					
For ACM Removal at (address)					
On behalf of PCBU who commissioned asbestos removal (client):					

### 1. Identification:

Have asbestos records been reviewed? ☒ Yes ☐ No

Complete the following table for the asbestos or ACM identified for removal:

Location	Description of Asbestos or ACM	Type of Asbestos or ACM	Estimated Volume or Area	Condition		Description of Condition
				Friable	Non-Friable	
Staff Kitchen	Vinyl tiles with mastic backing	White (chrysotile)	2m2	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

Choose from one or a combination of the following: Actinolite, Amosite (brown asbestos), Anthophyllite, Chrysotile (white asbestos), Crocidolite (blue asbestos), Tremolite, Not identified

### 2. INFORMING PARTIES AND PEOPLE - The following people or parties will be informed about the upcoming asbestos removal and intended start dated (keep consultation records)

Entity:	Organisation Name	Contact & Position	Address	Phone/email
PCBU1				
Assessor				
WorkSafe NZ	WorkSafe NZ	Asbestos Notifications	Wellington	0800 030 040

People or parties who must be informed (where relevant) are: Person who commissioned the removal (client); Client's workers and/or representatives; PCBU with management or control of the workplace; PCBU's workers and/or representatives; Home owner; Home occupant; Neighbouring properties

### 3. Supervisor/Workers: List the workers who will be working at the site, and, who they will be supervised by

Supervisors/Workers	Class of Training	Date Certified Training Completed	Supervisor Certificate #	Removal Certificate #	Supervisor/Worker on this Job			
			CPCCBC4051A	A - CPCCDE3015A	<input checked="" type="checkbox"/>	S	<input type="checkbox"/>	W
				B - CPCCDE3014A	<input type="checkbox"/>	S	<input checked="" type="checkbox"/>	W
			CPCCBC4051A	A - CPCCDE3015A	<input checked="" type="checkbox"/>	S	<input type="checkbox"/>	W
				B - CPCCDE3014A	<input type="checkbox"/>	S	<input checked="" type="checkbox"/>	W
			CPCCBC4051A	A - CPCCDE3015A	<input checked="" type="checkbox"/>	S	<input checked="" type="checkbox"/>	W
				B - CPCCDE3014A	<input checked="" type="checkbox"/>	S	<input type="checkbox"/>	W
			CPCCDE4051A		<input checked="" type="checkbox"/>	S	<input checked="" type="checkbox"/>	W
				A - CPCCDE3015A	<input checked="" type="checkbox"/>	S	<input checked="" type="checkbox"/>	W

# NON-FRIABLE ASBESTOS REMOVAL

<b>4. Timing of Removal Work:</b>		<b>Planned Start Date</b>						<b>Intended Completion Date:</b>						
<b>Date of planned notification to WorkSafe:</b>														
(must give 5 days minimum notice if over 10m2)														
<b>5. Emergency Planning: (trained first aider(s) on site):</b>				<b>Name</b>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>					
<b>Name:</b>				<b>Contact #</b>				<b>Name:</b>	Zane Miller			<b>Contact #</b>		
<b>Name:</b>				<b>Contact #</b>				<b>Name:</b>						
<b>Name:</b>				<b>Contact #</b>										
<b>Emergency Contact Services</b>														
<b>Name</b>		<b>Contact #</b>		<b>Name</b>		<b>Contact #</b>		<b>Name</b>		<b>Contact</b>				
Emergency Services		111		Taranaki Base Hospital		06 753 6139		WorkSafe NZ		0800 030 040				
All site workers are trained in emergency response										<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Emergency response equipment is indicated on the site plan										<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
The following has been identified as potential emergency situations (attach further details if needed):														
<b>Emergency</b>				<b>Controls to Manage Emergency</b>										
<b>Escape of asbestos fibres</b>		Site Supervisor will stop all work and immediately implement decontamination procedures. Site Supervisor will: <ol style="list-style-type: none"> <li>1. Evacuate the area following normal safe work practices.</li> <li>2. Determine the extent of the contamination, evacuate and secure the area</li> <li>3. Post warning notices</li> <li>4. Advise WorkSafe NZ</li> </ol>												
<b>Fire</b>		All persons are to evacuate area by fastest means possible. <ol style="list-style-type: none"> <li>1. Do not remove contaminated clothing or breathing apparatus at this time</li> <li>2. Once outside of removal area, sound a vehicle horn, three long continuous blasts</li> <li>3. All personnel are to assemble at the site entrance</li> <li>4. <b>Contact Emergency Services – dial 111</b> – advise them of the emergency <b>AND</b> state that the site may have/has had identified asbestos (Emergency Services will then determine who to send and what equipment is required)</li> <li>5. Site Supervisor to account for all persons.</li> <li>6. Site Supervisor to implement decontamination procedures:</li> </ol>												

## NON-FRIABLE ASBESTOS REMOVAL

Emergency	Controls to Manage Emergency
<b>Fire cntd</b>	<p>Site Supervisor to implement the following decontamination procedures upon arrival of Emergency Services:</p> <ol style="list-style-type: none"> <li>1. Wet down overalls by spray hose or other available source</li> <li>2. Leave mask on</li> <li>3. Treat any injured persons</li> <li>4. If possible remove overalls inside out and place in area for packing up</li> <li>5. Isolate all equipment and/or clean when clear work area can be established or use the already prepared decontamination area set aside if possible</li> <li>6. Remove masks only when the likelihood of contamination has been completely minimised or removed</li> <li>7. Decontaminate site if possible</li> </ol>
<b>Civil Emergency - earthquake</b>	<ol style="list-style-type: none"> <li>1. Exit building if safe to do so.</li> <li>2. Do not decontaminate until safely outside.</li> <li>3. Watch for falling materials.</li> <li>4. Gather at safe assembly point.</li> <li>5. Check all staff are accounted for.</li> <li>6. Apply first aid if possible.</li> <li>7. Contact Emergency Services if available.</li> <li>8. Remember there may be other damaged buildings.</li> </ol>
<b>Unconscious Worker</b>	<p>If a worker collapses inside the enclosure:</p> <ol style="list-style-type: none"> <li>1. Remove patient from enclosure as quickly as possible.</li> <li>2. Do not decontaminate at this stage.</li> <li>3. Once outside conduct ABC's.</li> <li>4. Summon help including FENZ</li> <li>5. Whilst rendering first aid attempt to minimise dust release on all staff</li> <li>6. Notify Office immediately</li> <li>7. Decontaminate staff when time permits.</li> </ol>
<b>Fall from Height or height rescue – Mobile Scaffold</b>	<p>Ensure rescue device or people are available.</p> <ol style="list-style-type: none"> <li>1. Do not stand on roofing materials</li> <li>2. Ensure all staff are trained in working at heights.</li> <li>3. Consider Weight spreaders.</li> <li>4. Contact Office immediate if incident occurs.</li> <li>5. Render first aid if possible.</li> <li>6. Contact FENZ or other rescue services.</li> </ol>

## NON-FRIABLE ASBESTOS REMOVAL

<b>Site Plan:</b>	<input checked="" type="checkbox"/>	<b>See below</b>	<input type="checkbox"/>	<b>Attached as separate plan</b>	<input checked="" type="checkbox"/>	<b>As per Asbestos Report</b>	<input type="checkbox"/>	<b>Photo of site attached</b>
<b>6. Control of Non-Asbestos Hazards: The following risks have been identified during the planning stages of the asbestos or ACM removal</b>								
<b>Risk</b>	<b>Potential Harm</b>			<b>Controls to manage the risks</b>				
<b>Infection – COVID-19 – other transmittable disease</b>	<b>Fatality, severe respiratory distress</b>			<p>Staff have been given a copy of the COVID-19 control plan.</p> <p>All staff have signed a COVID-19 Health Declaration prior to working. ZERO tolerance to breaches of the COVID-19 Controls Plan will be tolerated.</p> <p>Site signage will be updated and displayed in prominent position detailing cautions and procedures around COVID-19 and this site.</p> <p>Daily toolbox meetings will be carried out on site prior to work commencing each day. – Must include COVID-19 controls, risks and updated associated information.</p> <p>Ensure barriers are erected to close the site to unauthorised persons</p> <p>Wash hands with soap and water when entering and after leaving site – Ensure you maintain 1-2 metre distance when carrying out removal where possible.</p> <p>Maintain high hygiene standards, wipe all hard surfaces down with antibacterial wipes/spray. <b>DO NOT</b> share tools – if you must sanitise your tools prior to passing them over – Sanitise your vehicle, steering wheel, door handles and any surface that another worker/passenger may touch</p> <p>Sign into the Site Register and document contact persons – follow the COVID-19 Control Plan instructions – attached Site Register. Follow PCBU1's COVID-19 requirements</p>				
<b>Manual Handling</b>	<b>Strains, sprains, bodily injury</b>			<p>2 people unloading/lifting equipment of heavy items. Allow for controlled movement– push pull method, conduct warm up stretches.</p> <p>Use correct manual handling techniques</p>				
<b>Uneven, wet or slippery surfaces</b>	<b>Slip, trip or fall to lower level</b>			<p>Practice good housekeeping; keep work area and walkways clear. Check tread on boots if surfaces are wet – ensure good grip – wear gumboots so they can be easily washed. Store do not use gumboots for any other work.</p>				
<b>Electrocution</b>	<b>Burns, shock, fatality</b>			<p><b>No</b> power tools to be used when removing asbestos. All electrical outlets in removal area must be isolated. Power tools can help generate release of asbestos fibres.</p>				

## NON-FRIABLE ASBESTOS REMOVAL

Risk	Potential Harm	Controls to manage the risks			
Unauthorised entry	Exposure to asbestos fibres and transmission of Infectious diseases	Barriers and signs to be erected. If on site and unauthorised member of public, visitor or resident of property enters site – <b>all work must stop</b> until person/s are removed to safe area. During Alert Levels 2 & 3 if any person attempts to enter the site and they are not authorised, they must be asked to leave. In the event of a refusal to leave, aggressive or threatening behaviour occurs (e.g. spitting or coughing) ring 111 and advise Police and ask them to be removed – ring Office and advise as soon as possible if this occurs.			
Poor communication	Exposure to asbestos or other hazards	All parties on site to communicate hazards and controls at induction particularly the COVID-19 information and hygiene requirements and again if any person late to site must be inducted and signed onto the toolbox meeting record. Hazard boards to be used. No homeowners or unauthorised workers/or persons on site – limit face to face meetings to help prevent the spread of COVID-19.			
Vehicles on site	Inhalation of fumes, struck by or struck against vehicle	Fully maintained and warranted vehicles with appropriately licensed and competent operators All persons on site must remain in line of the sight of the vehicle operator at all times Person guiding truck/vehicles onto site must remain in drivers vision at all times – all other persons to be in a safe zone 4 to 5 metres away from working area Driving to and from site observe all NZTA rules regarding transport – use 12 second rule when driving. All touchable surfaces to be sanitised where more than 1 person in vehicle – Refer to COVID-19 control plan. Copy attached.			
Plumbing and Drainage and/or Gas Services	Damage to services on site	Inspections must be carried out by a Plumber, Contractor, Licensed Gas Fitter to ensure no services can be impacted by the removal of ACM's. All staff are to be aware that water supplies will be maintained during Operations.			
Personal Protective Equipment (PPE and RPE) – must be worn at all times throughout the removal of asbestos					
Safety boots, P2 half face respirator mask, gloves, disposable overalls and booties (also refer to Asbestos Equipment List- below)					
Workers have received appropriate training for PPE and RPE use:		<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Workers have received information about the health risks of licensed asbestos removal work and health monitoring requirements		<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

## NON-FRIABLE ASBESTOS REMOVAL

### 7. REMOVAL: The following planned removal steps are set out below (also refer to Asbestos Removal SOP attached)

1.	Induct all staff on risks and hazards associated with Asbestos and Infectious Controls (i.e. Pandemic COVID-19 Control Plan) and safe work practices
2.	Advise all those working on site where fire extinguishers and First Aid Kits are located (in TCM vehicles). – Insert Assembly Point is
3.	Ensure all staff are aware of the safe assembly point in the event of an emergency.
4.	Set up enclosure area, removal area, signs barriers and hazard board. Plastic ground sheeting to be laid out (where applicable).
5.	Assessor to install air monitors at appropriate points – carried out by Insert Assessors Name This is required for Class B if it is a school or at Client PCBU1's request)
6.	Set up decontamination area - show on location plan and map attached.
7.	Check all staff in removal area are wearing correct RPD and PPE before commencing removal
8.	Commence removal of asbestos – Refer to Tools and Equipment (#8) below detailing method, tools to be used, fixings and refer to Management and disposal of Asbestos (#10) to detail how waste will be collected and disposed of
9.	All waste is to be placed in the designated area marked on the map. Waste is to be secured against potential fibre released either by locking the container that will transport the waste or removing off site to a secure area pending disposal to the approved special waste facility. NB Waste will be removed and disposed of as soon as reasonably practicable.
10.	Clean all equipment that has been used in removal of asbestos
11.	Assessor to conduct tests and carry out a final clearance monitoring (when required).
12.	Once clearance results have been received and clearance is issued, entry into area can be authorised. Dismantle area and associated equipment. Treat as asbestos waste.
13.	Assessor to issue Clearance Certificate.
14.	Remove remaining barriers and signage – final check of site that nothing has been left behind.
15.	Take remaining or arrange transport of waste to a Special Waste Facility for disposal as per regulations.
16.	Hold copy of waste docket disposal on file and enter details into the Asbestos Waste Management Register.

# NON-FRIABLE ASBESTOS REMOVAL

<b>7. TOOLS &amp; EQUIPMENT</b>		<b>Warning: high-speed abrasive power or pneumatic tools such as angle grinders, sanders, saws and high-speed drills MUST NOT be used when removing asbestos or ACM. (S. 18 (3) of the Regulations allow use of power tools in certain circumstances) – use of high speed power tools can generate asbestos dust – the asbestos may need to be re-classified to Class A (Friable)</b>																					
All tools and equipment that can be used when removing asbestos or ACM are detailed on the attached document																							
<b>VACUUM CLEANERS:</b>		<b>Make</b>						<b>Model</b>						<b>Last Test Date:</b>									
<b>HAND TOOLS:</b>		<input type="checkbox"/>	Pry bars	<input type="checkbox"/>	Hammers	<input type="checkbox"/>	Screw drivers	<input type="checkbox"/>	Mobile Scaffold	<input type="checkbox"/>	Jemmy bars	<input type="checkbox"/>	Tack Rags	<input type="checkbox"/>	Tungsten Scraper	<input type="checkbox"/>	Knives	<input type="checkbox"/>	Staple Remover				
<b>OTHER TOOLS (not listed above)</b>										<b>POWERED EQUIPMENT</b>				N/A									
<b>REMOVAL METHOD TO BE USED: (for managing waste refer to #12 below)</b>		Wet		<input checked="" type="checkbox"/>	Dry	<input type="checkbox"/>	Injection	<input type="checkbox"/>	<b>FIXINGS / MATERIALS (holding asbestos containing material onto structure)</b>				e.g. Screws, nails, insulation wrapping, paint (state below)										
<b>SATURATION EQUIPMENT</b>		Airless sprayer, spray bottles, water, detergent								<b>OTHER:</b>													
<b>8. EQUIPMENT MAINTENANCE:</b>																							
All tools and equipment used in removing asbestos or ACM are inspected before all removal work														<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No						
All tools and equipment used in removing asbestos or ACM are inspected and cleaned following all removal work														<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No						
All tools and equipment used in removing asbestos or ACM are inspected and cleaned at least once every 7 DAYS when in continued use														<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No						
<b>ENCLOSURE:</b>		Complete enclosure of the work area will be required:												<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No						
		Enclosed area is displayed on site map/the location is described												<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No						
The enclosure will be constructed as follows: provide an overview of the size shape and construction method to be used for the enclosure: (Provide additional pages as necessary)																							
Refer to Location Plan and photo attached																							
The following NPU's will be used in conjunction with the enclosure:																							
<b>Make</b>				<b>Model:</b>				<b>Standard:</b>				<b>Make:</b>				<b>Model:</b>				<b>Standard:</b>			
<b>Other Details:</b>																							
Smoke testing should be conducted prior to use and at the following intervals to confirm the integrity of the enclosure. Keep records of these tests.																							
<b>Frequency of testing:</b>								Throughout the time of removal if required															
<b>Person(s) responsible for conducting and recording the tests:</b>																							

## NON-FRIABLE ASBESTOS REMOVAL

**9. Decontamination Facilities:** describe the decontamination facilities that will be used (include decontamination of tools, plant or equipment, reusable PPE, people, removal area, contained waste)

Refer to Location Plan and photo attached

Other control measures – the following additional controls will be put in place to contain asbestos within the designated work area



Signage and barrier fencing will be used to restrict entry to asbestos removal area depending on removal site requirements. COVID-19 Site Sign will also be erected during Asbestos Removal

### 11. Management and Disposal of Asbestos Waste:

Detail how asbestos waste will be collected: (e.g. at source or fall to ground onto secondary drop sheet).

Removed (waste) asbestos or ACM will be held onsite for more than one working day	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
---	--------------------------	-----	--------------------------	----

Person responsible for safe asbestos waste storage on this site:	Supervisor
--	------------

**If yes** – detail how the ACM will be stored, including the type of storage containers to be used and the location for stored waste within the removal area:

Waste is to be removed off site and stored in Insert Name secured container until such time as we have approval time and date from Special Waste Facility at Colson Rd NP. **NB** – Waste will **only be** stored in the event that Insert Name is unable to deliver to Special Waste Facility.

Asbestos will be stored in a labelled, sealed hazi-bags before removing from the site	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
All asbestos waste will be stored in the designated location for asbestos waste on site	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Used, disposable PPE and RPE will be stored in a labelled, sealed hazi bags before removing it from site	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No



## NON-FRIABLE ASBESTOS REMOVAL

<b>12. Air Monitoring and Clearance:</b>		<input type="checkbox"/>	<b>NB: Air monitoring may be required in certain circumstances for a Class B Removal</b>			
<b>Air monitoring programme: monitoring points are identified on the location map/plan attached The following air monitoring will be conducted:</b>						
<b>During removal: (control monitoring) number and frequency of testing:</b>			<i>Example: AirBox – V8 Low Flow - set to run all day at 4000mL/min – (insert # of monitoring points)</i>			
<b>After Removal: number and frequency of testing</b>						
<b>Voluntary personal monitoring will be used to reinforce appropriate controls used during the removal process.</b>			<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<b>Sample Results for Air Monitoring – if carried out must be:</b>						
<b>Action Level</b>		<b>Control</b>		<b>Action</b>		
1.	< 0.01 fibres/ml (trace level)	No new control measures necessary		Continue with existing control measures		
2.	> 0.01 fibres/ml but < 0.02 fibres ml	Investigate Implement Prevent		Investigate the cause Put controls in place to prevent exposure Prevent further fibre release		
3.	> 0.02 fibres/ml	Stop Notify		Stop Class B Removal Re-assess Classification – is this now a Class A Notify WorkSafe		
<b>Details of the Asbestos Assessor or competent person engaged to plan and conduct air monitoring and clearance:</b>						
<b>Name</b>		<b>Licence No.</b>		<b>Expires</b>		
<b>Contact Details:</b>		<b>Contact Details</b>		<b>Ph:   M:</b>		
<b>After Removal</b>	<b>Monitoring points identified on site map</b>			<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
<b>Declaration and Sign Off:</b>						
<b>I declare the information in Part A of this plan is accurate and to the best of my knowledge:</b>						
<b>Signed By:</b>				<b>Date</b>		
<b>Insert Company Name Nominated Supervisor</b>						
<b>On completion of this section, a copy of the plan and related documents have been supplied to:</b>						
<b>PCBU who commissioned the removal</b>				<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
<b>Assessor</b>				<input type="checkbox"/>	Yes	<input type="checkbox"/> No

# NON-FRIABLE ASBESTOS REMOVAL

## Part B – TO BE COMPLETED AFTER REMOVAL AND CLEARANCE:

### 1. Timing of Removal Work:

Start Date:		Completion Date:		Notified to WorkSafe:	
-------------	--	------------------	--	-----------------------	--

Copy of notification attached :	<input type="checkbox"/>	Yes
---------------------------------	--------------------------	-----

**Informing Parties and People** – in addition to the information recorded in Part A the following people or parties were also informed about the asbestos removal and start date:

Entity	Name and Position	Organisation	Address	Phone/Email

### 2. Respirators (RPE)

All workers wearing respiratory protective equipment (RPE) were clean-shaven:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
---	--------------------------	-----	--------------------------	----

Notes re: RPE (if applicable)

--

## NON-FRIABLE ASBESTOS REMOVAL

<b>Declaration and Sign Off:</b>										
I declare the information in Part A of this plan is accurate and to the best of my knowledge:										
Signed By:			Date							
<i>Person who prepared plan</i>					<i>Removal Supervisor</i>					
On completion of this section, a copy of the plan and related documents have been supplied to:										
PCBU who commissioned the removal -							<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Assessor				<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No			
<i>Signature</i>					<i>Name</i>					
<b>3. Disposal of Asbestos Waste:</b>										
PCBU engaged to transport waste:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other:	(insert name)						
Disposal Site was:										
Total Quantity and dimensions of asbestos waste removed:										
Copies of Waste disposal dockets, permits or other paperwork received							<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>4. Clearance – if required</b>										
Did the asbestos removal area pass the clearance inspection?							<input type="checkbox"/>	Yes	<input type="checkbox"/>	N/A
Copy of Clearance Certificate Received?							<input type="checkbox"/>	Yes	<input type="checkbox"/>	N/A
<b>5. Declaration and Sign Off:</b>										
I declare the information in Part A of this plan is accurate and to the best of my knowledge:										
Signed By:							Date			
	Insert company name						Nominated Supervisor			
On completion of this section, a copy of the plan and related documents to:										
PCBU who commissioned the removal				<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No			
Other (state):				<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No			
The plan should be made available to the PCBU with management or control of the workplace, workers and their representatives, and home occupants (as applicable)										