

# Asbestos Management Plan

## INCIDENT PROCEDURES & REPORT

### Naturally Occurring Asbestos

*For more information refer to the Naturally Occurring Asbestos – Asbestos Management Plan Guide*

List the NOA incident and steps taken to evaluate and record the incident.

Site address: \_\_\_\_\_

Specific location: \_\_\_\_\_ Asbestos Management Plan – Manager: \_\_\_\_\_

Job Title: \_\_\_\_\_ Company (if contractor): \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

#### Incident Description

*Accidental asbestos finds can occur when work is in progress. Note details of the emergency or incident.*

Date: \_\_\_\_\_ Location of incident: \_\_\_\_\_

#### NOA Incident Procedures Checklist

If NOA has been found undertake the following procedures and confirm completion.

(please tick ☒)

- |   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| 1. Work ceased immediately.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The area was isolated until control procedures were implemented. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. A risk assessment was conducted.                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. PPE and RPE procedures implemented.                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Dust minimisation procedures implemented including wetting.      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Was air monitoring required?                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. A licenced asbestos assessor conducted monitoring.               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Analysis report received and recorded.                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Clearance certificate received and recorded.                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(please tick ☒)

- |   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| 7. A sample of the material was collected by a competent person for NATA testing.                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Analysis report received and recorded.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Location mapped and details added to the property Asbestos Management Plan.                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has suspected NOA been covered with non-asbestos containing materials to stabilise NOA?              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Decontamination procedures implemented.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Should works in the location where NOA was identified be avoided in future?                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. If future works must be conducted on the site, implement safe work procedures and control measures. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**An investigation into why the incident occurred has been conducted.**

(please tick ☒)

	Yes	No	N/A
Did workers have adequate training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did workers strictly follow procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an environmental change such as a strong or dry wind?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is health monitoring required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did a non-standard activity occur that allowed fibres to be transferred such as the sharing of contaminated equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Notes**

**Record the outcome of the investigation and include it in the Asbestos Management Plan for your records and to prevent reoccurrence of incidents.**

PLEASE SEE THE NOA ASBESTOS  
MANAGEMENT PLAN GUIDE FOR  
MORE INFORMATION.

