

# Asbestos Management Plan SITE SPECIFIC ASSESSMENT TEMPLATE Naturally Occurring Asbestos

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

Where work is to be conducted in an area where NOA has been determined, list the details of the person designated with the responsibility for managing the work on the specific site or location on the property.

## Asbestos Management Plan – Manager:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_

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

## Dates work is to be conducted

*Include the duration and proposed commencement and completion dates and the hours when work will be conducted.*

Duration (number of days): \_\_\_\_\_ Hours of Work: \_\_\_\_\_ Number of workers: \_\_\_\_\_

Expected Start Date: \_\_\_\_\_ Expected Completion Date: \_\_\_\_\_

Have all workers been trained in NOA, Asbestos Awareness and Safe Work Practices? Yes ☐ No ☐ (please tick ☒)  
*If no, ensure workers receive training prior to commencement of work and record the training in the Worker's Training Record.*

## Project manager in charge of specific work

List the name and contact details of the project manager of the work to be conducted i.e. site manager, owner etc.

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

## Notes

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



## PLANNING WORK

WHEN PLANNING WORK IN NOA IDENTIFIED LOCATIONS, PLEASE CONSIDER:

- Relocating the work where possible
- Avoiding busy periods that may impact on others in the community (e.g. neighbours, school pick-up and drop-off times and peak hour)

### Site Location

*Clearly identify the specific area/s on the property where the proposed activity or works will be carried out (e.g. on the southern perimeter fence line adjacent to Australia Road). Attach maps of the locations for ease of identification. Use online maps to download a map.*

### Description of Work

*List the details of the work or activity to be carried out including the type of work e.g. erecting a new boundary fence line including digging 120 new post holes to a depth of 1m.*

### Equipment Required

*List all equipment needed to complete the work e.g. use appropriate mobile and fixed plant equipment where possible. Ensure good quality PPE is worn if working outside of air conditioned plant if area has a high risk rating.*

## RISK ASSESSMENT CHECKLIST:

(please tick ☒)

	Yes	No	N/A
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Is the site specific location a mapped NOA area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what is the risk rating of the area? (circle)	HIGH	MED	LOW
Has NOA been identified on the proposed work site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Should NATA accredited testing be undertaken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has NATA accredited testing been undertaken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If YES: Has NOA been confirmed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been issued with a copy of the test report? (If yes, attach the test report)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the extent and depth of the NOA been confirmed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, what depth is safe to excavate? \_\_\_\_\_

Can the work be relocated to a site where there is no identified NOA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If no, note the reason? \_\_\_\_\_

\_\_\_\_\_

Is there a potential risk of workers being exposed to fibres?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, implement personal protection procedures.

Should Neighbours be notified of work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Have all workers received training in NOA awareness and safety procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If no, ensure training is provided according to training procedures and regulations and update the training records.

Will workers require the use of RPE and PPE? (refer to RPE and PPE Fact sheet for more details)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, ensure suitable RPE and PPE is on hand and workers are trained in how to use and dispose of equipment.

(please tick ☒)

	Yes	No	N/A
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Will warning signs be required? (refer to NOA Asbestos Management Plan Guide for more details)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, ensure signs are available to workers and are placed in appropriate areas to warn people work is in progress.

Weather conditions – Are dry, windy conditions forecast?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, revise date when work is to be conducted to avoid windy conditions.

Does NOA need to be transported on-site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, ensure it is disposed of according to procedures.

Does NOA need to be transported off-site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, ensure waste facility has been contacted and it is transported and disposed of according to procedures.

Are you conducting major works that require pool vehicles or segregated clean and dirty zones?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, draw up a plan that determines each zone and procedures to prevent cross contamination.

Is air monitoring required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, engage a qualified professional. Request a Clearance Certificate if asbestos removal work has been completed.

Is health monitoring of workers required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, health monitoring is to be carried out by or under the supervision of a registered medical practitioner with experience in health monitoring.

If NOA can't be covered or removed, is regular surveillance scheduled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, note condition of NOA and dates when NOA is to be reviewed.

## Notes

## NOA Management Procedures

Based on the risk assessment checklist and referring to the Guide, note the procedures required.

	(please tick <input checked="" type="checkbox"/> )		
	Yes	No	N/A
NOA location mapped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Council notified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbours notified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All workers notified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers trained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air monitoring required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RPE and PPE in stock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate weather conditions prior to commencement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate mobile and fixed plant equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Sealed air conditioned cabins</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Hepa filters have been checked, cleaned or replaced</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool vehicles are required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implement 10m exclusion zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water and wetting agent access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bury NOA and cover on-site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suitable covering material required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Document location of buried NOA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sealed, covered truck required for transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receipts required from waste facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Designate decontamination site for vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establish decontamination area for workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demountable buildings for worker decontamination required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implement incident procedures (if required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Safe Work Procedures and Control Measures to be Implemented

	(please tick <input checked="" type="checkbox"/> )		
	Yes	No	N/A
Isolate work site access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Install mobile barriers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use warning signage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use RPE and PPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal decontamination procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implement dust suppression procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wet ground prior to commencing work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restrict speed of vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decontaminate vehicles after work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decontaminate equipment/tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispose of asbestos contaminated materials as asbestos waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### WERE INCIDENT PROCEDURES REQUIRED?

If yes, ensure you implement incident procedures by using the Incident Procedures & Report template.

## Reasons for Decisions

## Management Decisions

Note your reasons for the decisions applied above in the space provided or use a separate piece of paper and attach to this Asbestos Management Plan.

(e.g. we engaged a licenced asbestos assessor to conduct air monitoring to demonstrate the control procedures implemented are adequate to keep fibre levels beneath the accepted safe occupation level of 0.01 fibres/ml.)

