**MODEL ASBESTOS MANAGEMENT PLAN (AMP) GUIDE FOR COMMERCIAL & NON RESIDENTIAL PROPERTIES TEMPLATE**

*The purpose of the AMP is to ensure asbestos is managed safely and in accordance with WH&S regulations to identify asbestos, remove, label, manage, monitor condition and ensure appropriate control measures, processes and procedures are recorded and managed.*

*This Model AMP Guide Template has been designed to provide users with a checklist of all required components including an Asbestos Register, testing of materials, asbestos removal, labelling and monitoring, training of workers and the procedures developed including safe work procedures, control measures, risk assessments, the decisions made and the reasons for those decisions.  The AMP must be updated when additional asbestos related hazards are identified or when ACM is removed and made available to any worker prior to work being conducted.*

*The Template should be seen as a guide only as every property is different with the AMP tailored to each individual building.*

*For more information refer to the Asbestos Management Handbook for Commercial and Non-residential Properties or visit asbestosawareness.com.au.*

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| --- | --- | --- | --- |
| **PROPERTY DETAILS** | | | |
| **Building Name:** |  | | |
| **Company:** |  | | |
| **ABN:** |  | | |
| **Address:** |  | | |
| **Year Constructed:** |  | **Building Plans Acquired:** |  |

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| **CONTACT DETAILS** | | | | |
|  | **Name** | **Phone** | **Address** | **Email** |
| **Owner** |  |  |  |  |
| **Agent** |  |  |  |  |
| **Manager** |  |  |  |  |
| **AMP Manager** |  |  |  |  |

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| **AMP DETAILS** |  |  |  | |
| **AMP Developed By:** |  | | **Date Created:** |  |
| **Position Title:** |  | | **Date Last Updated**: |  |
| **Are There Previous AMPs?** | *If yes, store all AMPS together* | | | |
| **Where will the AMP be stored/located?** |  | | | |
| **Asbestos Policy Developed?** | **Yes / No** | | **Date Created:** |  |
| **Asbestos Management Procedures Developed?** | **Yes / No** | | **Date Created:** |  |

| **CHECKLIST** | **RISK ASSESSMENT** | **YES / NO** | **DATE** |
| --- | --- | --- | --- |
| **Risk Assessment** | 1. Has a Risk Assessment Been Completed?   **NOTES**: |  |  |
| 1. Has a property inspection been conducted by a licenced asbestos assessor, occupational hygienist or competent person?   **NOTES**: |  |  |
| 1. Who Conducted the Inspection?  |  |  | | --- | --- | | **Inspector Name:** |  | | **Company:** |  | | **ABN:** |  | | **Qualification:** |  | | **Licence Number:** |  | | **Phone:** |  | | **Email:** |  | | | |

| **CHECKLIST** | **TESTING** | **YES / NO** | **DATE** |
| --- | --- | --- | --- |
| **Testing** | 1. Have Samples of material been tested by a NATA accredited laboratory?  |  |  | | --- | --- | | **Laboratory Name:** |  | | **Accreditation Number:** |  | | **Phone:** |  | | **Email:** |  | |  |  |
| 1. Have the Test Reports Been Supplied?  |  |  | | --- | --- | | **Report Number** | **Date** | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | *NOTE: To insert more lines:*  *Right Click > Insert > Insert Rows Below* |  | |  |  |

| **CHECKLIST** | **ASBESTOS REGISTER** | **YES / NO** | **DATE** |
| --- | --- | --- | --- |
| **Asbestos Register** | 1. Has an **ASBESTOS REGISTER** been developed? If yes, created by:  |  |  | | --- | --- | | **Name:** |  | | **Company:** |  | | **Position:** |  | | **Phone:** |  | | **Email:** |  | |  |  |
| 1. Has the register been updated with the Test Results?   **NOTES**: |  |  |
| 1. Location(s) of where the ASBESTOS REGISTER can be located?    1. List the location(s) here | | |
| 1. Have all **stakeholders** (workers, owner, contractors, manager etc) been informed of **AMP** and **ASBESTOS REGISTER** location(s)?  |  |  |  |  | | --- | --- | --- | --- | | **STAKEHOLDER** | **YES / NO** | **NAME** | **NOTIFICATION DATE** | | **Owner** |  |  |  | | **Agent** |  |  |  | | **Building Manager** |  |  |  | | **Staff** |  |  |  | | **Contractor(s)** |  |  |  | | **Sub-Contractor(s)** |  |  |  | | | |

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| **CHECKLIST** | **ASBESTOS & ACMs** | **YES / NO** | **DATE** |
| **ASBESTOS &**  **ACMs** | 1. Have all confirmed and assumed Asbestos & ACMs, and their locations been itemised in the **ASBESTOS REGISTER**?   **NOTES**: |  |  |
| 1. Have all in-situ ACMs been labelled with a warning sign?   **NOTES**: |  |  |

| **CHECKLIST** | **ASBESTOS REMOVAL & MONITORING** | **YES / NO** | **DATE** |
| --- | --- | --- | --- |
| **Asbestos Removal & Monitoring** | 1. Has an **Asbestos Removal Schedule** been developed?   **NOTES**: |  |  |
| 1. Details of Removalist:  |  |  | | --- | --- | | **Company:** |  | | **Removalist Name:** |  | | **ABN:** |  | | **Licence Class:** |  | | **Licence Number:** |  | | **Phone:** |  | | **Email:** |  | |  |  |
| 1. Has the **Asbestos Removal Control Plan** been provided?   **NOTES**: |  |  |
|  | 1. Has a **Monitoring Schedule** for in-situ asbestos been developed?   **NOTES**: |  |  |
|  | 1. What is the **Frequency of Monitoring**? | Annual / Bi-Annual / 6 Monthly | |
|  | 1. Who is responsible for monitoring?  |  |  | | --- | --- | | **Company:** |  | | **Name:** |  | | **ABN:** |  | | **Qualification:** |  | | **Licence Number:** |  | | **Phone:** |  | | **Email:** |  | | | |

| **CHECKLIST** | **PROCEDURES DEVELOPED** |
| --- | --- |
| **Procedures Developed** | 1. Have the following procedures been developed? One or more of the following process may be addressed in an overarching procedure such as through an Asbestos Management Policy.  |  |  |  |  | | --- | --- | --- | --- | | **PROCEDURE** | **YES / NO** | **DATE DEVELOPED** | **PERSON RESPONSIBLE** | | **Risk Assessment** |  |  |  | | **Air Monitoring** |  |  |  | | **Communications** |  |  |  | | **Control Measures** |  |  |  | | **Encapsulation** |  |  |  | | **Health Surveillance / Monitoring** |  |  |  | | **Identification** |  |  |  | | **Incident Procedure** |  |  |  | | **Labelling** |  |  |  | | **Record Keeping** |  |  |  | | **Removal** |  |  |  | | **Review of AMP** |  |  |  | | **Review of Register** |  |  |  | | **Training of Workers** |  |  |  | | **Use of RPE & PPE** |  |  |  |   **NOTES**: |

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| **CHECKLIST** | **TRAINING** | **YES / NO** | **DATE** |
| **Training** | 1. Have you developed relevant Asbestos Training Materials for:  |  |  |  | | --- | --- | --- | | **STAKEHOLDER** | **YES / NO** | **DATE** | | **Owner** |  |  | | **Agent** |  |  | | **Building Manager** |  |  | | **Staff** |  |  | | **Contractor(s)** |  |  | | **Sub-Contractor(s)** |  |  | | | |
| 1. Have you developed a record of all asbestos training?   ***NOTE: All training records must be kept for 5 years after employment has ceased.*** |  |  |