

# Plan of work for licensed asbestos removal:



## Removal of AIB Boxing

Hayling Billy Public House  
117 Elm Grove  
Hayling Island  
PO11 9ED



| <b>Project Number:</b> TBC                                                                                                                                                                                                                                                                                                                                                   |               | <b>Start date:</b> 2017 |                           |      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|---------------------------|------|
| Shield Quotation Number: N/A                                                                                                                                                                                                                                                                                                                                                 |               |                         |                           |      |
| <b>Key Information:</b> Roof removal will take place after the demolition contractors have created access<br>SHIELD/JB0263                                                                                                                                                                                                                                                   |               |                         |                           |      |
| Rev                                                                                                                                                                                                                                                                                                                                                                          | Author        | Date                    | Reviewer                  | Date |
| 0                                                                                                                                                                                                                                                                                                                                                                            | Paul Maidment | 02/02/2017              |                           |      |
| 'I confirm that the content of this plan, covers all aspects of this project, and the Site Supervisor has been given the correct training, information and instruction, to enable him to carry out the works in accordance with Shield Company Policies. Any major changes to the plan of work will be agreed and authorised by the Contracts Manager before work commences. |               |                         |                           |      |
| Signed by Contracts Manager                                                                                                                                                                                                                                                                                                                                                  |               | Date                    | Signed by Site Supervisor |      |
| Paul Maidment                                                                                                                                                                                                                                                                                                                                                                |               | TBC                     | TBC                       |      |

(Template Version AR059 – Plan of works – V8 - 160930)

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## Introduction

This is Shield Environmental Services Ltd. Site Specific Plan of Work (POW) incorporating SES Safe System of Work, for work with the asbestos-containing-materials (ACMs). It is made up of a Site-Specific Risk Assessment, a Site-Specific Written Method of Working and also incorporates the elements of a Construction Phase Plan under CDM.

## Contract details & contact information

|                                                                                      |                    |                         |                                                                            |        |
|--------------------------------------------------------------------------------------|--------------------|-------------------------|----------------------------------------------------------------------------|--------|
| <b>We are contracted to:</b>                                                         |                    |                         |                                                                            |        |
| Client name:                                                                         | McCarthy and Stone | Address:                | Southern House, 1 Embankment Way, Ringwood, BH24 1EU.                      |        |
|                                                                                      |                    | Telephone:              | : 07391 407013                                                             |        |
| Client contact:                                                                      | Simon Bryant       | E-mail:                 | simon.bryant@mccarthyandstone.co.uk                                        |        |
|                                                                                      |                    | Mobile:                 | : 07391 407013                                                             |        |
| Client representative on site:                                                       | Simon Bryant       | Telephone:              | : 07391 407013                                                             |        |
| <b>We will be undertaking the following works:</b>                                   |                    |                         |                                                                            |        |
| <b>We are to remove the AIB and cement prod</b>                                      |                    |                         |                                                                            |        |
| <b>Shield staff responsible for works:</b>                                           |                    |                         |                                                                            |        |
| Branch:                                                                              | Southampton        | Address:                | Eling Wharf Offices, High Street, Totton, Southampton, Hampshire, SO40 4TE |        |
|                                                                                      |                    | Telephone:              | 02380 663 784                                                              |        |
| Contracts Manager:                                                                   | Paul Maidment      | E-mail:                 | paulmaidment@shieldenvironmental.co.uk                                     |        |
|                                                                                      |                    | Mobile:                 | 07725 672 593                                                              |        |
| Site Supervisor:                                                                     | TBC                | Mobile:                 | TBC                                                                        |        |
|                                                                                      |                    | E-mail:                 | @shieldenvironmental.co.uk                                                 |        |
| Operatives:                                                                          | TBC                |                         |                                                                            |        |
| <b>Important contract information:</b>                                               |                    |                         |                                                                            |        |
| Shield Job No.:                                                                      | TBC                | Site Supervisor onsite: | At all times                                                               |        |
| Max. No. of staff on site:                                                           | 4                  | Involves weekend work:  | No                                                                         |        |
| Start date:                                                                          | 2017               | Weekend working hours:  | n/a                                                                        |        |
| Expected finish date:                                                                | 2017               | Daily working hours:    | From 08:00 To 16:30                                                        |        |
| Enforcing authority:                                                                 | HSE <sup>(i)</sup> |                         |                                                                            |        |
| ASB5 />NNLW1:                                                                        |                    | F10: CDM                | n/a                                                                        |        |
| Important changes to this information must be notified to the HSE or Local Authority |                    |                         |                                                                            |        |
| <b>Other parties contracted to this site:</b>                                        |                    |                         |                                                                            |        |
|                                                                                      | Company Name       | Telephone               | Contact Name                                                               | Mobile |
| Principal Contractor:                                                                |                    |                         |                                                                            |        |
| Other License Holders:                                                               |                    |                         |                                                                            |        |
|                                                                                      |                    |                         |                                                                            |        |

## Site Planning

### 1. Equipment list: (amend as specific to the task)

| Type                                                                             | Required (Qty.) | Provided (Qty.) | Comments on differences |
|----------------------------------------------------------------------------------|-----------------|-----------------|-------------------------|
| Airlock/Baglock cubes                                                            | 2               |                 |                         |
| Respirator filters P3 full                                                       | 10              |                 |                         |
| Respirator filters P3 half                                                       | 10              |                 |                         |
| A-strip                                                                          | 10              |                 |                         |
| DCU water filters                                                                | 10              |                 |                         |
| DCU neg. filters                                                                 | 10              |                 |                         |
| DCU gas                                                                          | 1               |                 |                         |
| Safety Gloves                                                                    | 20              |                 |                         |
| NPU – 500 unit                                                                   |                 |                 |                         |
| NPU – 1000 unit                                                                  |                 |                 |                         |
| NPU – 1500 unit                                                                  | 2               |                 |                         |
| NPU – 2000 unit                                                                  |                 |                 |                         |
| NPU – 4000 unit                                                                  |                 |                 |                         |
| Neg. filters 4000                                                                |                 |                 |                         |
| Neg. filters 2000/1500                                                           | 10              |                 |                         |
| Neg. filters 500/1000                                                            |                 |                 |                         |
| Overalls – white                                                                 | 50              |                 |                         |
| Overalls – blue                                                                  | 50              |                 |                         |
| Overalls – red                                                                   | 50              |                 |                         |
| PVA                                                                              | 10              |                 |                         |
| Asbestos zone signs                                                              | 2               |                 |                         |
| Respirator zone signs                                                            | 2               |                 |                         |
| Smoke canister                                                                   | 1               |                 |                         |
| Spray-tack                                                                       | 10              |                 |                         |
| ET10                                                                             |                 |                 |                         |
| ET150                                                                            |                 |                 |                         |
| Expanding foam                                                                   |                 |                 |                         |
| Tape                                                                             | 10              |                 |                         |
| Timber 2x2                                                                       | 50              |                 |                         |
| Nails                                                                            |                 |                 |                         |
| Bags – red asbestos                                                              | 50              |                 |                         |
| Bags – clear asbestos                                                            | 50              |                 |                         |
| Disposable towels                                                                | 50              |                 |                         |
| Disposable socks                                                                 | 50              |                 |                         |
| Disposable pants                                                                 | 50              |                 |                         |
| Opaque polythene                                                                 | 50              |                 |                         |
| Correx                                                                           | 50              |                 |                         |
| Task lighting                                                                    | 50              |                 |                         |
| Type H Vacuum                                                                    | 2 (minimum)     |                 |                         |
| (Note - All COSHH Risk Assessment can be found in the site folder.)              |                 |                 |                         |
| Please tell the Contracts Manager if the above equipment is inadequate or faulty |                 |                 |                         |

### 2. Equipment on hire:

| Hire Company | Off-Hire Nos. | Off-Hire Date | Equipment Type | Quantity |
|--------------|---------------|---------------|----------------|----------|
|              |               |               |                |          |
|              |               |               |                |          |
|              |               |               |                |          |
|              |               |               |                |          |

## 3. Risk Assessments:

**SITE SPECIFIC RISK ASSESSMENTS**

| The non-asbestos hazards on this contract have been risk-assessed as follows: |                      |               |            |        |             |                |    |
|-------------------------------------------------------------------------------|----------------------|---------------|------------|--------|-------------|----------------|----|
| Severity                                                                      | Fatality             | 5             | 5          | 10     | 15          | 20             | 25 |
|                                                                               | Major injury         | 4             | 4          | 8      | 12          | 16             | 20 |
|                                                                               | Moderate Injury      | 3             | 3          | 6      | 9           | 12             | 15 |
|                                                                               | Minor Injury         | 2             | 2          | 4      | 6           | 8              | 10 |
|                                                                               | Insignificant Injury | 1             | 1          | 2      | 3           | 4              | 5  |
|                                                                               |                      |               | 1          | 2      | 3           | 4              | 5  |
|                                                                               |                      | Very unlikely | Unlikely   | Likely | Very Likely | Almost Certain |    |
|                                                                               |                      | L             | Likelihood |        |             |                |    |

Action from Risk Values

**0-4** **LOW RISK:** Ensure controls are followed and method of work is not altered.

**5-10** **MODERATE RISK:** Tolerable if cost of reduction would exceed the improvement gained (reasonably practicable).

**11-25** **UNACCEPTABLE RISK:** Cannot be justified. Control measures must be introduced to bring down either the severity or, more usually, the likelihood.

| Reference |                      |                                               |
|-----------|----------------------|-----------------------------------------------|
| Severity  | Fatality             | - Death                                       |
|           | Major injury         | - Injuries requiring more than 3 days absence |
|           | Moderate Injury      | - Injuries requiring up to 3 days absence     |
|           | Minor Injury         | - Injuries needing First Aid                  |
| S         | Insignificant Injury | - No Injury                                   |

**Site Specific Risks:**

If the controls detailed within SES Risk Assessments are suitable and sufficient; no further information is required, where further site specific controls need to be edited, amend and complete extra assessments in the following table.

| Ref No | Work Activity / Task                                                                     | Hazard / Hazardous Event<br>Expected Consequence-<br>Injury-Harm                  | Pre Assessment of Risk |   |    | Are Any Further Control Measures Required on Site                                                                                                                                                                                                                                                                            | Post Assessment of Risk |   |   |
|--------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------|---|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---|---|
|        |                                                                                          |                                                                                   | S                      | L | R  |                                                                                                                                                                                                                                                                                                                              | S                       | L | R |
| RA01   | Working from pre erected - constructed fixed scaffolding, within enclosure and providing | Falling from the fixed scaffolding.<br>Object falling from the fixed scaffolding. | 5                      | 5 | 25 | <ul style="list-style-type: none"> <li>All fixed scaffolding to be erected in accordance TG20:13 / EN12811 with ALG Memo 1/10 - Ancillary asbestos licences for scaffolding, for fixed scaffolding used for asbestos removal works.</li> <li>Scaffolders working to erect/dismantle scaffolding within 1 metre of</li> </ul> | 5                       | 1 | 5 |

| Ref No | Work Activity / Task                                 | Hazard / Hazardous Event<br>Expected Consequence-<br>Injury-Harm | Pre Assessment of Risk |   |    | Are Any Further Control Measures Required on Site                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Post Assessment of Risk |   |   |
|--------|------------------------------------------------------|------------------------------------------------------------------|------------------------|---|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---|---|
|        |                                                      |                                                                  | S                      | L | R  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | S                       | L | R |
|        | access to remove asbestos                            | Collapse or failure of the fixed scaffolding.                    |                        |   |    | <p>an open edge must be wearing full body harness, non-shock absorbing lanyard and be attached to a suitable anchor point on the scaffold structure, or have edge protection</p> <ul style="list-style-type: none"> <li>Non scaffold trained operatives are not to adjust scaffolding; this must be completed by competent person or company.</li> <li>Barriers are to be used around the fixed scaffold as a visual barrier to prevent collision with vehicles, and to control the area directly below the fixed scaffolding.</li> <li>Fall/collapse on a mobile tower rescue plan to be in place prior to start of works</li> <li>Hard Hats (BS EN 397) are to be worn by all persons, including visitors, in designated Hard Hat Areas.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                 |                         |   |   |
| RA02   | Falling objects / material, when working from height | Head injuries                                                    | 5                      | 5 | 25 | <ul style="list-style-type: none"> <li>Exclusion zones to be set up both internally and externally, around work areas</li> <li>Toe boards to be fixed and secured to all scaffolds and mobile and fixed scaffolds, fixed scaffolding to be designed to take additional loads</li> <li>If equipment is to be lifted to a position of height, correct mechanical system will be put in place.</li> <li>All operatives will be trained in working at height manual handling and PASMA (if mobile tower is used).</li> <li>No equipment to be left on fixed scaffolding or mobile towers when operatives are not present.</li> <li>Limited hand tools shall be used on mobile towers or fixed scaffolds while the operative is working at height.</li> <li>Hard Hats (BS EN 397) are to be worn by all persons, including visitors, in designated Hard Hat Areas, and within the exclusion zone</li> <li>Employees working at height will be wearing a chin strap enabled safety helmet except when working in a respirator zone (otherwise will interfere with mask straps, mask seal).</li> <li>All site staff will be trained to be competent at First Aid.</li> </ul> | 5                       | 1 | 5 |
| RA03   | Being struck on the head while on site               | Head injury, trauma                                              | 5                      | 5 | 25 | <ul style="list-style-type: none"> <li>Hard Hats (BS EN 397) are to be worn by all persons, including visitors, in designated Hard Hat Areas.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5                       | 1 | 5 |

| Ref No | Work Activity / Task                                                                                                      | Hazard / Hazardous Event<br>Expected Consequence-<br>Injury-Harm                                                                                       | Pre Assessment of Risk |   |    | Are Any Further Control Measures Required on Site                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Post Assessment of Risk |   |   |
|--------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---|---|
|        |                                                                                                                           |                                                                                                                                                        | S                      | L | R  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | S                       | L | R |
|        |                                                                                                                           |                                                                                                                                                        |                        |   |    | <ul style="list-style-type: none"> <li>All site staff will be trained to be competent at First Aid.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         |   |   |
| RA06   | Using step ladders to build low level enclosures and in locations where space prohibits the use of other access equipment | Falling off the step ladder and striking the ground, or objects on the way to the ground                                                               | 5                      | 5 | 25 | <ul style="list-style-type: none"> <li>Step ladders shall be inspected before use, by competent person, ensure all four stepladder feet are in contact with the ground and the steps are level; ensure any locking devices are engaged.</li> <li>Ladders tags to be used and attached to all step ladders, step ladders shall be inspected by a competent person every three months, ladders to be class 1 or EN131</li> <li>Only carry light materials and tools; do not leave the tools on the step ladder when not using.</li> <li>Over-reaching must be avoided in all cases</li> <li>Don't stand and work on the top three steps (including a step forming the very top of the stepladder) unless there is a suitable handhold</li> <li>Position the stepladder to face the work activity and not side on.</li> <li>Avoid work that imposes a side loading, such as side-on drilling through solid materials (e.g. bricks or concrete).</li> <li>Where side-on loadings cannot be avoided, you should prevent the steps from tipping over, e.g. by tying the steps. Otherwise, use a more suitable type of access equipment.</li> <li>Maintain three points of contact at the working position. This means two feet and one hand, or when both hands need to be free for a brief period, two feet and the body supported by the stepladder.</li> </ul> | 5                       | 1 | 5 |
| RA08   | Use of mobile scaffolding towers, for working platforms, access working within and outside enclosures                     | Falling from the mobile scaffolding tower.<br>Object falling from the mobile scaffolding tower.<br>Collapse or failure of the mobile scaffolding tower | 5                      | 5 | 25 | <ul style="list-style-type: none"> <li>Mobile towers will only be erected and dismantled by trained and competent operatives who are PASMA qualified</li> <li>Toe boards to be fitted and secured.</li> <li>Mobile tower stabilisers will be used to add stability.</li> <li>Mobile tower wheels must be locked in place before operatives to use tower.</li> <li>Barriers are to be used around the mobile scaffold tower as a visual barrier to prevent collision with vehicles, and to control the area directly below the tower</li> <li>Mobile scaffolding towers to use Scaf tags to demonstrate last</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 5                       | 1 | 5 |

| Ref No | Work Activity / Task             | Hazard / Hazardous Event<br>Expected Consequence-<br>Injury-Harm                                                                                                                            | Pre Assessment of Risk |   |    | Are Any Further Control Measures Required on Site                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Post Assessment of Risk |   |   |
|--------|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---|---|
|        |                                  |                                                                                                                                                                                             | S                      | L | R  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | S                       | L | R |
|        |                                  |                                                                                                                                                                                             |                        |   |    | <p>inspection date and completion of daily access tower checklists within the plan of work.</p> <ul style="list-style-type: none"> <li>• Path to be cleared of all debris before tower moved and the tower should be pushed not pulled into new position.</li> <li>• Fall / collapse on a mobile tower rescue plan to be in place prior to start of works</li> <li>• Hard Hats (BS EN 397) are to be worn by all persons, including visitors, in designated Hard Hat Areas.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                         |   |   |
| RA09   | The Use MEWPS and Cherry Pickers | <p>Failure of Lifting Equipment<br/>Entrapment / striking by plant<br/>Over turning of Cherry picker, or MEWP<br/>Falling Materials<br/>Falls from height<br/>Unauthorised use of plant</p> | 5                      | 4 | 20 | <ul style="list-style-type: none"> <li>• MEWP (e.g. Cherry Picker or Boom-Lift) shall only be operated by a trained IPAF certificated operator. SWL not to be exceeded.</li> <li>• Weekly-inspections records to take place, ensure all equipment has current certificate of thorough examination by a competent persons</li> <li>• Temporary barriers erected around MEWP and boom to prevent unauthorised access or collision with other vehicles, or structures.</li> <li>• Area of MEWP operation to be inspected prior to use to ensure MEWP can be operated on safe and level ground.</li> <li>• Wind speed to be assessed before MEWP is put in use externally.</li> <li>• Ensure out riggers are fully extended and located on concrete slab or stable ground. Ensure correct type of plant is hired for the job IE: tracked or wheeled. Ensure any significant uneven areas of ground or voids etc. are adequately covered. Identify any overhead obstructions. Do not overload the basket.</li> <li>• Any person lifted in the MEWP basket will be wearing full body harness with a non-shock absorbing fixed length lanyard no longer than one metre in length.</li> <li>• Trained banks-man to be used at all times when movement of MEWP required.</li> <li>• A thorough inspection certificate will be available and dated within the last 6 months from the hire company and present on site.</li> <li>• Rescue from MEWP plan to be available.</li> <li>• Ensure the item of plant when not in use is left safe, isolated and with keys removed.</li> </ul> | 5                       | 1 | 5 |

| Ref No | Work Activity / Task                                                                                    | Hazard / Hazardous Event<br>Expected Consequence-<br>Injury-Harm                                      | Pre Assessment of Risk |   |    | Are Any Further Control Measures Required on Site                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Post Assessment of Risk |   |   |
|--------|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------|---|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---|---|
|        |                                                                                                         |                                                                                                       | S                      | L | R  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | S                       | L | R |
| RA11   | Working on Flat roofs, removing ACM cowls, or using flat roofs as access to remove ACM soffits/fascia's | Falling through the roof, not load bearing<br>Working near to an open edge<br>Working near sky lights | 5                      | 5 | 25 | <ul style="list-style-type: none"> <li>Structural integratory and load bearing capacity to be checked by a competent person, before any access onto the roof is considered. I.e. fragile roof etc.</li> <li>Suitable edge protection will be fitted to prevent a fall from height and or Operatives will be wearing a full body harness connected to a fall point.</li> <li>If operatives are connected to a fall arrest or shock absorbing lanyard a clearance distance calculation must be completed by a competent person prior to start of connected by a full body harness and shock absorbing lanyard.</li> <li>Operatives will be attached to a lifeline and will move along the lifeline Rescue from a MEWP plan to be available on site (if being used on site).</li> <li>Access to the flat roof shall be either via a secured ladder access, mobile tower or MEWP</li> <li>Access to the Safety nets / soft landing pads to be used as a collective fall protection measure.</li> <li>The roof area will be accessed via the floor space below to prevent working on the fragile roof.</li> <li>The immediate floor below the roof space will be evacuated to prevent injury below if assessed as being a risk of injury.</li> </ul> | 5                       | 1 | 5 |
| RA12   | Potential exposure to asbestos fibres within or outside an enclosure.                                   | Respiratory health problems<br>Potential development of asbestos related diseases                     | 5                      | 5 | 25 | <ul style="list-style-type: none"> <li>Only suitably trained and certified operatives shall be allowed to undertake this task.</li> <li>All enclosures will be constructed in accordance with current legislation and industry best practice, they will be smoke tested and be fitted with a negative pressure unit giving the required minimum number of air changes in accordance with current legislation.</li> <li>Access to the enclosure is restricted to authorised trained persons.</li> <li>The removal of the ACM will be in accordance with current asbestos regulations, the Licensed Contractors Guide and Shield's Asbestos Policy &amp; Procedures Manual.</li> <li>Work shall be undertaken in accordance with this Plan of Work.</li> <li>Correct PPE &amp; RPE to be worn during removal. (Overalls – EN 1149-1:2006 Cat. III Type 5/6, RPE filters P3)</li> </ul>                                                                                                                                                                                                                                                                                                                                                            | 5                       | 1 | 5 |

| Ref No | Work Activity / Task                                                                           | Hazard / Hazardous Event<br>Expected Consequence-<br>Injury-Harm                  | Pre Assessment of Risk |   |    | Are Any Further Control Measures Required on Site                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Post Assessment of Risk |   |   |
|--------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------|---|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---|---|
|        |                                                                                                |                                                                                   | S                      | L | R  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | S                       | L | R |
|        |                                                                                                |                                                                                   |                        |   |    | <ul style="list-style-type: none"> <li>Correct decontamination of operatives, waste and equipment will be followed</li> <li>Fibre suppressing techniques will be used to minimise the spread of asbestos during removal, as specified in the description of works</li> <li>Reassurance air testing will be undertaken during works.</li> <li>Personal air monitoring will be undertaken to assess that fibre levels do not exceed the specifications of the RPE being used and to assess the efficiency of the fibre suppressing technique.</li> <li>The enclosure shall be disturbance tested and a clearance certificate issued prior to entry by any contractors or sub-contractors.</li> </ul>                                                                                                                                                |                         |   |   |
| RA13   | Accidental release of asbestos fibres from Waste Stream and when in transit to final disposal: | Respiratory health problems<br>Potential development of asbestos related diseases | 5                      | 5 | 25 | <ul style="list-style-type: none"> <li>Provision of locked and sealed container for waste material (i.e. Waste Skip or Van).</li> <li>All waste to be disposed of in accordance with the Hazardous Waste Regulations 2005.</li> <li>Disposal at a waste disposal site, which holds a valid Waste Management Licence, which is authorised to accept asbestos waste. Including production of a consignment note.</li> <li>Reassurance and background air testing of transit route and van.</li> <li>Emergency Poster for procedure on accidental spillage of asbestos during a waste-run has been placed in the Appendix.</li> </ul>                                                                                                                                                                                                                | 5                       | 1 | 5 |
| RA14   | Fire within building and work areas                                                            | Asphyxiation, due to lack of oxygen, smoke inhalation                             | 5                      | 5 | 25 | <ul style="list-style-type: none"> <li>Site Operatives to be made aware of the Fire precautions required on site; for example, how to raise the Alarm, nearest Fire Call Point, location of nearest fire extinguisher, fire evacuation route, muster point and client contact name.</li> <li>Suitable and sufficient fire extinguishers will be located at the entrance to all enclosures and if larger enclosures are being worked, several more will be located at strategic locations (waste bag lock, NPU, power supply points, emergency egress points etc.)</li> <li>Training in the correct use and storage of fire extinguishers will be carried out.</li> <li>A Shield fire evacuation point will be different to the client standard evacuation / assembly point in order to prevent contamination of non-asbestos personnel</li> </ul> | 5                       | 1 | 5 |

| Ref No | Work Activity / Task                                                                                                                                                                                                                                          | Hazard / Hazardous Event<br>Expected Consequence-<br>Injury-Harm | Pre Assessment of Risk |   |    | Are Any Further Control Measures Required on Site                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Post Assessment of Risk |   |   |
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|        |                                                                                                                                                                                                                                                               |                                                                  |                        |   |    | <ul style="list-style-type: none"> <li>Please name the fire contact and contact number on site.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         |   |   |
| RA15   | Manual Handling,<br>Off /on loading vehicles<br>Carrying and moving<br>polythene rolls;<br>moving and setting up<br>NPU;<br>carrying Transformers,<br>and access equipment<br>down to basement levels<br>loft areas, and to<br>designated location on<br>site | Muscular-skeletal injuries<br>Sprains                            | 4                      | 5 | 20 | <ul style="list-style-type: none"> <li>Manual handling assessments to be undertaken by a competent person</li> <li>All operatives to be trained annually in 'Manual Handling', correct lifting, carrying, pushing, lowering, pulling or moving of loads by hand or any other bodily force.</li> <li>This training will ensure that correct grip, back, chin, feet, arms and body postures are followed for the carrying of polythene rolls, ladders, Negative Pressure Units (NPU), transformers etc.</li> <li>NPU's are to be carried using 2 people one either side of the NPU</li> <li>Operatives to check their intended carrying route to ensure no obstacles are present before carrying.</li> <li>Asbestos waste bags will not be overfilled by operatives.</li> <li>Carrying objects will be completed as close to the body as possible.</li> <li>Where possible trolleys or other lifting aids will be used to make carrying less strenuous.</li> <li>Supervisors will check waste / transit routes as part of their normal day to day checks to ensure there are no slip and trip hazards.</li> <li>Operatives will not attempt to lift an object which they feel or recognise as being too heavy without assistance either through mechanical aid or someone else to help them.</li> </ul> | 4                       | 1 | 4 |
| RA16   | Use of portable electrical equipment, vacuum cleaners, NPUs, lighting, reciprocating saws etc.                                                                                                                                                                | Electrocution<br>Trips and falls                                 | 5                      | 5 | 25 | <ul style="list-style-type: none"> <li>A visual inspection of equipment will be carried out before use.</li> <li>Only 110V CTE electrical equipment to be used on site.</li> <li>Asbestos Hygiene Unit operates from 240v, this must be suitably earthed using the earth rod or tested via an earth plug. RCDs are to be used at all times on all 240v Supply.</li> <li>All electrical systems and electrical equipment used on sites, shall be properly maintained and accompanied with a valid electrical test certificate in accordance with portable appliance testing regulations</li> <li>All electrical systems and electrical equipment used will be manufactured to recognised British and European standards, with suitable electrical protective devices as necessary.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 5                       | 1 | 5 |

| Ref No | Work Activity / Task                                                                       | Hazard / Hazardous Event<br>Expected Consequence-<br>Injury-Harm | Pre Assessment of Risk |   |    | Are Any Further Control Measures Required on Site                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Post Assessment of Risk |   |   |
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|        |                                                                                            |                                                                  | S                      | L | R  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | S                       | L | R |
|        |                                                                                            |                                                                  |                        |   |    | <ul style="list-style-type: none"> <li>All equipment found to be defective will be switched off and reported immediately.</li> <li>Leads and extension cables are to be routed so as to minimise the likelihood of damage and trip hazards; cables will be placed at either high level or cable tied and kept out the way of all access routes.</li> <li>All site will have a servable fire extinguisher in case of fire and all site staff will be competent in its use.</li> </ul>                                                                                                                                                                                                                                                                                                           |                         |   |   |
| RA17   | Isolation of Electrical circuits and devices                                               | Electrocution                                                    | 5                      | 5 | 25 | <ul style="list-style-type: none"> <li>Electrical isolation of circuits shall be undertaken by a competent trained person, before any work is undertaken with an isolation certificate issued, by the competent person or contractor.</li> <li>Where Shield operatives are working on domestic properties they will be trained in the correct electrical isolation procedure (where required).</li> <li>Training Certificates of Shield personnel electrical isolation training shall be available onsite.</li> <li>Shield's own isolation certificates to be issued and available onsite when isolation of domestic electrical supplies is required.</li> <li>All Shield operatives working in domestic properties will be trained and aware of the Shield domestic Housing policy</li> </ul> | 5                       | 1 | 5 |
| RA18   | Slips, trips and falls, on sites, within buildings and within the enclosure whilst working | Personal Injury<br>Sprains<br>Breaks in ankles and legs          | 3                      | 3 | 9  | <ul style="list-style-type: none"> <li>All persons on site must wear suitable safety footwear (BS EN ISO 20346:2004) at all times.</li> <li>Asbestos Waste with in the enclosure must be cleared away at regular intervals.</li> <li>All tools and equipment must be kept in a tidy state to avoid becoming a trip hazard.</li> <li>All Shield Personnel are to wear High Visibility clothing at all times when on site.</li> <li>Shield supervisor to check transit and waste routes regularly (3 times a day) to ensure routes are clear.</li> </ul>                                                                                                                                                                                                                                         | 3                       | 1 | 3 |

| Ref No | Work Activity / Task                                                                                                     | Hazard / Hazardous Event<br>Expected Consequence-<br>Injury-Harm             | Pre Assessment of Risk |   |    | Are Any Further Control Measures Required on Site                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Post Assessment of Risk |   |   |
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|        |                                                                                                                          |                                                                              | S                      | L | R  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | S                       | L | R |
|        |                                                                                                                          |                                                                              |                        |   |    | <ul style="list-style-type: none"> <li>A good housekeeping regime will be held and therefore clear access routes will be maintained at all times.</li> <li>Floor surfaces to be kept in a good, clean condition.</li> <li>Spilled liquids to be cleaned up immediately.</li> <li>All trailing cables to be secured away from walkways</li> <li>Warning notices to be put out when floor cleaning is in operation.</li> <li>Floors surfaces are kept free from grease, oil etc.</li> <li>Floor surfaces not to be left highly polished.</li> <li>Operatives to walk and not run which would reduce impact of any event All loose cables will be placed at either high level or cable tied and kept out the way of all access routes</li> <li>Temporary barriers to be used to segregate hazardous areas until remedial work can be done - check barriers regularly.</li> <li>Changes in levels will be highlighted and sufficiently signed.</li> <li>Edge protection will be used.</li> <li>When lighting being used ensure it is suitable be careful not to create shadows.</li> <li>In frosty, icy and wet conditions ensure areas are covered in none slip covering or use salt to thaw ice.</li> </ul> |                         |   |   |
| RA20   | Use of equipment and hand tools which cause which Hand Arm Vibration:<br>Breaking out floors and walls, cutting pipework | White finger<br>Blood vessels damage<br>Muscular injury<br>Damage to hearing | 3                      | 5 | 15 | <ul style="list-style-type: none"> <li>All users are to be trained and competent in the use of hand tools and the safety requirements.</li> <li>Low vibration equipment/ tools to be sourced and provide</li> <li>Anti-Vibration gloves to be provided for operative</li> <li>All staff must stick to the total exposure limits for the following tools: (Time periods relate to trigger-time) for example:</li> <li>Angle grinder (<math>7 \text{ m/s}^2</math>) to be used for no more than 4 hours / day, to take a break after 1 hour of continuous use.</li> <li>Drill (<math>8.0 \text{ m/s}^2</math>) to be used for no more than 3 hours / day, to take a break after 45 mins of continuous use.</li> <li>Sabre-saw (<math>18 \text{ m/s}^2</math>) to be used for no more than 30 min / day, to take a break after 10 mins continuous use.</li> <li>Kango (<math>12 \text{ m/s}^2</math>) to be used for no more than 1 hour &amp; 20 mins / day, to take a break after 20 mins continuous use.</li> </ul>                                                                                                                                                                                       | 3                       | 1 | 3 |

| Ref No | Work Activity / Task                                                                                                                                                                                                  | Hazard / Hazardous Event<br>Expected Consequence-<br>Injury-Harm      | Pre Assessment of Risk |   |    | Are Any Further Control Measures Required on Site                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Post Assessment of Risk |   |   |
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|        |                                                                                                                                                                                                                       |                                                                       | S                      | L | R  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | S                       | L | R |
|        |                                                                                                                                                                                                                       |                                                                       |                        |   |    | <ul style="list-style-type: none"> <li>• Trigger times to be recorded on HAV record sheets and be available on site.</li> <li>• Pre use checks of equipment and blades, cutting disks are in good working order. All guards are in place and the equipment has been PAT tested.</li> <li>• The specific manufacturer HAV information must be used to calculate HAV.</li> <li>• Full ear defenders will be worn with a minimum rating of 30 SNR</li> <li>• Wear the correct personal protective equipment for the environment, when not wearing full face mask, eye protection is required.</li> <li>• After use check of equipment and defects are to be reported when store person.</li> </ul>                                                                                                                                                            |                         |   |   |
| RA21   | Plant equipment emitting excessive noise, tasks include<br>Breaking out floors and walls, hammer action drill for fixing holes, reciprocating saws, cutting pipework, quilling for removing residue, power generators | Partial loss of hearing, potential loss of hearing, nauseous symptoms | 3                      | 4 | 12 | <ul style="list-style-type: none"> <li>• Noise assessment to be undertaken by competent person</li> <li>• Mandatory signage to be posted in areas of excessive noise.</li> <li>• Ear defenders to be worn with a minimum SNR rating of 30db</li> <li>• Operatives will undergo a baseline audiometric test and thereafter be tested annually if they are assessed as being required under the Control of Noise 2005 regulations.</li> <li>• Operatives identified as having a known hearing condition will not be exposed to noise levels which reach or exceed 80 dB daily or weekly.</li> <li>• Operatives that are working in defined noise zones or hearing action zones will be taking rest breaks in a quiet zone area.</li> <li>• Where required noise measurement using a class 1 sound meter will be undertaken by a competent person.</li> </ul> | 3                       | 1 | 3 |
| RA23   | Parking and reversing vehicles and trailers, DCU, to position on site for scheduled works                                                                                                                             | Entrapment, crushing, broken limbs, being struck by moving vehicle    | 5                      | 4 | 20 | <ul style="list-style-type: none"> <li>• All vehicles (Van and Decontamination Unit) will be segregated where possible from other potentially affected groups. Segregation will either be hoarding or barrier tape, whichever is more effective for the location of the vehicles</li> <li>• Parking and access between the working area and site to be agreed with client, before work commences</li> <li>• Traffic management plan to be developed or adopted for the area or site</li> </ul>                                                                                                                                                                                                                                                                                                                                                             | 5                       | 1 | 5 |

| Ref No | Work Activity / Task                                                                                                       | Hazard / Hazardous Event<br>Expected Consequence-<br>Injury-Harm                                                                                                                                                              | Pre Assessment of Risk |   |    | Are Any Further Control Measures Required on Site                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Post Assessment of Risk |   |   |
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|        |                                                                                                                            |                                                                                                                                                                                                                               |                        |   |    | <ul style="list-style-type: none"> <li>Operatives to announce their arrival on site by signing in at security or reception</li> <li>All Operatives to ensure High Visibility clothing is worn at all times, strictly keeping to designated pedestrian walkways where applicable.</li> <li>No unauthorised vehicle movement shall be allowed and any reversing of vehicles shall be done with the aid of a banks man.</li> <li>All vehicles (Van and Decontamination Unit) will be segregated where possible from other potentially affected groups..</li> <li>All Shield drivers to practise safe driving at all times and adhere to legal speed limits and local onsite speed restrictions.</li> <li>Vehicles will be escorted through sensitive areas as required by the client</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         |   |   |
| RA24   | Using a large Scale fuel Generator, providing power for temporary works welfare etc. and for ACM removal within enclosures | Electrocution<br>Burns, from hot surfaces<br>Asphyxiation<br>nauseous symptoms, from fumes<br>Excessive noise leading to potential loss of hearing<br>Environmental problem though leaking oils, and fuels, or fuel spillages | 5                      | 3 | 15 | <ul style="list-style-type: none"> <li>All Shield employees must be trained in how to use the fuel generator before use.</li> <li>All Shield operatives to be trained in how to isolated generators safely and to isolate generators</li> <li>All Shield employees must be instructed on how to deal with a large scale fuel spillage prior to usage.</li> <li>Access to the generators must be controlled or sectioned off to ensure there is no vehicle collision or tampering by untrained staff.</li> <li>Generators must be cited in the open air with a suitable clearance distance away from buildings, vehicles and people.</li> <li>While in the vicinity of working generators hearing defenders must be worn with an SNR rating of at least 30 db.</li> <li>For refilling of a fuel Generator refer to Shield COSHH sheet.</li> <li>Spill kits suitable for the total spillage capacity will be available near the generators in case of spillage.</li> <li>2 x 6or 9 kg CO<sub>2</sub> or powder fire extinguishers to be placed near the generators in case of fire at all times.</li> <li>Any fuel containers to be located at least 20 m away from the generators apart from when refuelling.</li> <li>Shield employees will not undertake any generator maintenance as they are not trained to do so.</li> <li>Generators must be located on secure stable flat ground.</li> </ul> | 5                       | 1 | 5 |

| Ref No | Work Activity / Task | Hazard / Hazardous Event<br>Expected Consequence-<br>Injury-Harm | Pre Assessment of Risk |   |   | Are Any Further Control Measures Required on Site                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Post Assessment of Risk |   |   |
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|        |                      |                                                                  |                        |   |   | <ul style="list-style-type: none"> <li>• The parking brake must be used onsite while in operation.</li> <li>• The generator needs to be protected from bad weather.</li> <li>• Operatives touching the generator must always have dry hands and feet.</li> <li>• All access hatches to the generator must be closed before starting the generator.</li> <li>• The earth rod must be connected and inserted at least one meter into the ground while in use in accordance with manufacturer's instructions, sub ground services to be checked before this task</li> <li>• The generator will be turned off and cooled down before any refuelling begins.</li> <li>• While refuelling no spark generating equipment must be in close proximity to the diesel container or the generator.</li> <li>• If radiator water needs to be added to the generator then the engine must be cool before releasing radiator cap.</li> <li>• The fluid retention chamber in the generator needs to be checked daily before operation to ensure any runoff or excess fluid has built up.</li> <li>• Any fluid in the retention chamber if emptied must be disposed of as hazardous waste.</li> <li>• Any spillage runoff must not be allowed to enter any watercourse or drainage system.</li> <li>• Generators must be placed externally and vented outside and away from air-fed compressors if being used.</li> <li>• In the event of a serious fuel spillage the generator must be switched off immediately.</li> <li>• Spill kits are to be used to contain any fuel spillage as required to ensure the spillage cannot spread and disposed of as hazardous waste.</li> <li>• The Shield supervisor must inform Client representative and Shield H&amp;S as soon as is possible.</li> <li>• If the fuel spillage looks out of control the fire service must be called and the area evacuated to at least 50 metres away from the area of spillage.</li> </ul> |                         |   |   |

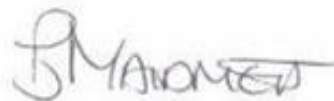
| Ref No | Work Activity / Task                                | Hazard / Hazardous Event<br>Expected Consequence-<br>Injury-Harm                                                                                                                         | Pre Assessment of Risk |   |    | Are Any Further Control Measures Required on Site                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Post Assessment of Risk |   |   |
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|        |                                                     |                                                                                                                                                                                          | S                      | L | R  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | S                       | L | R |
| RA25   | Working within a Demolition site or compound        | Head injuries<br>Falling into open ducts and trenches<br>Entrapment, crushing, broken limbs, being struck by moving vehicle.<br>Excessive noise levels leading to potential hearing loss | 5                      | 5 | 25 | <ul style="list-style-type: none"> <li>Shield personnel will be inducted into sites with demolition works in progress and follow the guidelines and safety procedures stated by the Principal Contractor, five point PPE shall be worn.</li> <li>Operatives will wear the required PPE at all times. (Glasses - BS EN 166-1F:2001, Hardhat – BS EN 397, Boots – BS EN 345-1:1993, Gloves – BS EN 388:2003).</li> <li>Shield operatives working near demolition operations will be wearing (where required) suitable hearing protection, either ear plugs or ear defenders with a minimum SNR rating of 30 db.</li> </ul> | 5                       | 1 | 5 |
| RA26   | Changes to the working environment upon arrival     | Personnel injury                                                                                                                                                                         | 3                      | 3 | 9  | <ul style="list-style-type: none"> <li>Works will not commence, the supervisor shall contact the contracts manager</li> <li>A separate risk assessment will be filled in by the Site Supervisor to identify any new hazards and communicated to the contracts manager.</li> <li>Work will only commence when the contracts manager has evaluated the new hazards, and have been managed accordingly.</li> </ul>                                                                                                                                                                                                          | 3                       | 1 | 3 |
| RA28   | Operative coming in contact Pigeon / Bird Droppings | Histoplasmosis,<br>Cryptococcosis<br>Psittacosis diseases<br>Eye irritation                                                                                                              | 3                      | 3 | 9  | <ul style="list-style-type: none"> <li>If cleaning large areas of droppings half face P3 mask with particle filter to be worn.</li> <li>Tyvek Cat 3 type 5/6 coverall to be worn.</li> <li>Suitable water proof gloves to be worn if cleaning bird droppings.</li> <li>Standard shield safety boots or wellington boots to be worn.</li> <li>Shield standard safety goggles to be worn.</li> <li>All Operatives are to ensure strict personal hygiene, including:</li> <li>Washing hands regularly.</li> <li>Washing hands before smoking, eating or drinking.</li> </ul>                                                | 3                       | 1 | 3 |
| RA36   | Noise                                               | Exposure to levels in excess of 80db(A), 85db(A) and 87db(A)                                                                                                                             | 4                      | 4 | 16 | <ul style="list-style-type: none"> <li>Any new equipment that generates noise levels likely to exceed 80dB(A) and above, must indicate the noise levels likely to be generated in sales and technical literature.</li> <li>Tool box talk noise to be completed by all personnel on sites where noise levels exceed those above as described.</li> <li>Employee is provided, at their request, with suitable and efficient personal ear protectors.</li> <li>The exposure limit values are the levels of noise above which an</li> </ul>                                                                                  | 4                       | 1 | 4 |

| Ref No | Work Activity / Task | Hazard / Hazardous Event<br>Expected Consequence-<br>Injury-Harm                                                                           | Pre Assessment of Risk |   |    | Are Any Further Control Measures Required on Site                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Post Assessment of Risk |   |   |
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|        |                      |                                                                                                                                            | S                      | L | R  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | S                       | L | R |
|        |                      |                                                                                                                                            |                        |   |    | <p>employee may not be exposed, when taking account of the programme of control measures and in this case the effect of wearing hearing protection.</p> <ul style="list-style-type: none"> <li>No works to be completed in excess of this level taking into consideration the above. Contact Technical Department.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                         |   |   |
| RA37   | Use of knives        | Potential for cuts when using knives.                                                                                                      | 5                      | 3 | 15 | <ul style="list-style-type: none"> <li>Users to inspect knives prior to each use and not use if blade or handle is damaged or badly worn.</li> <li>Use open blade safety knife when cutting thicker materials.</li> <li>Ensure you cut away from body, keep free hand clear of cut etc.</li> <li>Knives must be stored safely and with blades retracted at all times.</li> <li>Approved gloves to be worn when cutting through thick material due to increased risk of slip.</li> <li>Ensure that all personnel promptly report any cuts and seek first aid to reduce risk of infection. Ensure that all personnel are trained in correct method of changing blades.</li> <li>When the knife is not in use the blade is to retracted or covered.</li> <li>Knives are not to be left on step ladders runs, when not in use to be put away in toolbox.</li> </ul>                                                                                                                | 5                       | 1 | 5 |
| RA38   | House keeping        | Risk of falling or muscular injury unclean routes, chemical substances and highly flammable liquids etc. may cause personal injury or fire | 4                      | 3 | 12 | <ul style="list-style-type: none"> <li>All walkways, stairs etc. to be kept free of obstacles.</li> <li>Stairways to be kept clear of obstacles and handrails provided.</li> <li>All spillages to be cleaned up immediately.</li> <li>Follow manufacturers' recommendations for the cleaning up of oils, chemicals etc.</li> <li>The storage of goods on floors to be kept to specific areas with adequate walkways in between.</li> <li>Fire doors and escape routes to be kept free of obstacles.</li> <li>Waste materials to be stored in bins and removed at the end of each working shift/day.</li> <li>Supervisors to check work areas at the end of each shift/day.</li> <li>All cables to be kept away from areas where staff walk.</li> <li>All cables to be kept away from areas where staff walk.</li> <li>All chemical substances to be kept locked away when not in use.</li> <li>All highly flammable liquids etc. to be kept in a specially provided</li> </ul> | 4                       | 1 | 4 |

| Ref No | Work Activity / Task | Hazard / Hazardous Event<br>Expected Consequence-<br>Injury-Harm | Pre Assessment of Risk |   |   | Are Any Further Control Measures Required on Site                                      | Post Assessment of Risk |   |   |
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|        |                      |                                                                  | S                      | L | R |                                                                                        | S                       | L | R |
|        |                      |                                                                  |                        |   |   | cabinet when not in use.<br>• All COSHH assessments made available for all substances. |                         |   |   |

'I confirm that the above risk assessment was carried out by myself and covers the specific hazards and control measures relating to this job and site over and above SES generic risk assessments and control measures and there were no further non-asbestos hazards identified.'

Signature:



Date: 02/02/2017

Name: Pail Maidment

Title: Contracts Manager

#### 4. Safety requirements:

List of SES Standard Operating Procedures applicable to the identified tasks, where there are variations to the SOPs these are detailed within this Site Specific Plan of Works.

| Arriving onsite |                                                          |   | Analytical        |                                                               |   |
|-----------------|----------------------------------------------------------|---|-------------------|---------------------------------------------------------------|---|
| ASP001          | Introduction                                             | ✓ | ASP011            | DCU Clearance Test                                            | ✓ |
| ASP002          | Arrival on Site & Induction                              | ✓ | ASP020            | Enclosure Monitoring                                          |   |
| ASP007          | Setting up a DCU on Site                                 | ✓ | ASP056            | Air Monitoring                                                |   |
| ASP008          | Use of Mobile DCU                                        | ✓ | ASP058            | Four Stage Clearance                                          | ✓ |
| ASP009          | Use of Modular DCU                                       |   | Removal Processes |                                                               |   |
| ASP012          | Establish Signage                                        | ✓ | ASP031            | Controlled Wetting Needle Point Injection                     |   |
| ASP013          | Pre Clean                                                |   | ASP032            | Controlled Wetting Surface Spraying                           | ✓ |
| ASP014          | Respirator Zones                                         | ✓ | ASP033            | Control at Source LEV Shadow Vac Technique                    | ✓ |
| ASP015          | Building & Dismantling Enclosures, Airlocks and Baglocks | ✓ | ASP034            | Sprayed Coating Removal                                       |   |
| ASP017          | Use of Vision Panels and CCTV                            | ✓ | ASP035            | Hard Set Lagging Removal                                      |   |
| ASP019          | Smoke Testing                                            | ✓ | ASP036            | Sectional Lagging Removal                                     |   |
| General         |                                                          |   | ASP037            | Wrap and Cut Pipework                                         |   |
| ASP003          | Loading & Unloading Vehicles                             | ✓ | ASP038            | Rope & Textile Removal                                        |   |
| ASP004          | Usage of Vehicles                                        | ✓ | ASP039            | Gaskets Removal                                               |   |
| ASP005          | PPE Selection and Use                                    | ✓ | ASP040            | AIB Panels – Screwed                                          |   |
| ASP006          | RPE Selection and Use                                    | ✓ | ASP041            | AIB Panels – Nailed                                           | ✓ |
| ASP010          | Transit and Decontamination of Personnel                 | ✓ | ASP042            | AIB Panels – Glued                                            |   |
| ASP021          | Emergency Procedures                                     | ✓ | ASP043            | AIB Panels - Lay-In Grid                                      |   |
| ASP022          | Hot Environment                                          |   | ASP044            | Asbestos Cement Roof Sheets                                   |   |
| ASP023          | Live Hot Pipes                                           |   | ASP045            | Asbestos Cement Lay-In Grid panels                            |   |
| ASP024          | General Live Electrical Equipment                        | ✓ | ASP046            | Floor Tiles                                                   | ✓ |
| ASP030          | Electrical & Mechanical Plant in an Enclosure            | ✓ | ASP047            | Floor Tile Adhesive                                           |   |
| ASP053          | Double Bagging and Removal of Asbestos waste             | ✓ | ASP048            | Textured coating to Concrete                                  |   |
| ASP054          | Waste Asbestos & Non Asbestos Waste                      | ✓ | ASP049            | Textured coating to Plaster Board                             |   |
| ASP055          | Waste Packaging, Labelling & Transfer                    | ✓ | ASP050            | Quilling Grit Blasting                                        |   |
| ASP059          | What to do on an HSE or EHO Visit                        | ✓ | ASP051            | Residues Impacted to Walls (snots)                            |   |
| ASP060          | Non-Asbestos Hazards                                     | ✓ | ASP052            | Fine Cleaning                                                 | ✓ |
| Access          |                                                          |   | ASP061            | Removal of Fire Doors                                         |   |
| ASP025          | Work at Height - Fixed Scaffold                          |   | ASP062            | Removal of Asbestos Paper Vapour Barrier Beneath MMMF lagging |   |
| ASP026          | Work at Height - Mobile Scaffold                         | ✓ | ASP065            | Removal of Dura-steel Panels                                  |   |
| ASP027          | Work at Height - Steps and Ladders                       | ✓ | ASP068            | Promenade Floor Tiles                                         |   |
| ASP028          | Work at Height - MEWPS                                   | ✓ | ASP069            | External AIB Soffits Partial Enclosure                        |   |
| ASP066          | Rope Access working                                      |   | ASP070            | Partial Mini Enclosure                                        |   |
| Equipment       |                                                          |   | ASP071            | Texture Coating to Lathen Plaster                             |   |
| ASP016          | Use of NPUs                                              | ✓ | ASP072            | Texture Coating to Plaster on Walls                           |   |
| ASP018          | Use of H Type Vacuums                                    | ✓ | ASP073            | Debris clearance                                              |   |
| ASP029          | Use of Hand Tools in asbestos working areas              | ✓ | ASP074            | Cement Pipe                                                   |   |
| ASP057          | BS 8520 NPUs, Vacuums and Injection                      | ✓ |                   |                                                               |   |
| ASP063          | Angle Grinders (HOT WORKS)                               |   |                   |                                                               |   |
| ASP064          | Flame Cutting (HOT WORKS)                                |   |                   |                                                               |   |
| ASP067          | Selection & use of Fire Extinguishers on Site            | ✓ |                   |                                                               |   |

Client Specific Procedures:

| Access equipment:                                                          |             |                       |             |
|----------------------------------------------------------------------------|-------------|-----------------------|-------------|
| Podium Steps:                                                              | No          | Cherry Picker:        | ASP028/ Yes |
| Mobile Scaffold:                                                           | ASP026/ Yes | Fixed Scaffold:       | ASP025/ Yes |
| Scissor Lift:                                                              | No          | Ladders/Step ladders: | ASP027/ Yes |
| Other (Please state):                                                      | No          | Other (Please state): |             |
| Supplied by: <a href="#">Shield Environmental Services Limited</a>         |             |                       |             |
| Level of training required for Supervisor and operatives to use equipment: |             |                       |             |
| PASMA:                                                                     | Yes         | Working at height:    | Yes         |
| IPAF:                                                                      | Yes         | Other (Please state): | n/a         |

| Emergency 'first point of contact' while on site: <a href="#">SOP ASP021</a> |                                                                                                                                        |
|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Security:                                                                    | <a href="#">The Client</a>                                                                                                             |
| First Aid:                                                                   | <a href="#">Shield Supervisor</a>                                                                                                      |
| Fire:                                                                        | <a href="#">999</a>                                                                                                                    |
| Other (Please state):                                                        | <a href="#">n/a</a>                                                                                                                    |
| Nearest A&E Hospital:<br>(Full address)                                      | <a href="#">Queen Alexandra Hospital, Southwick Hill Road, Cosham, Portsmouth, Hampshire, PO6 3LY</a><br><a href="#">02392 286 000</a> |

| RPE and Expected fibre levels: <a href="#">SOP ASP006</a> |                                                                                                                     |
|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Expected fibre levels when undertaking work:              | <a href="#">AIB - 0.027 f/ml</a><br><a href="#">Floor Tiles - 0.011 f/ml</a><br><a href="#">Cement – 0.018 f/ml</a> |
| Type of RPE to be used at each stage:                     |                                                                                                                     |
| Pre-Clean:                                                | <a href="#">n/a</a>                                                                                                 |
| Asbestos works:                                           | <a href="#">P3 Full Face Masks</a>                                                                                  |
| Forming Enclosure:                                        | <a href="#">n/a</a>                                                                                                 |
| Removing Waste:<br>(Outside of enclosure)                 | <a href="#">P3 Half Face Masks</a>                                                                                  |

| PPE: <a href="#">SOP ASP005</a> |                                                 |                                                |                                           |
|---------------------------------|-------------------------------------------------|------------------------------------------------|-------------------------------------------|
| High visibility vest:           | <a href="#">Yes</a>                             | Safety boots:                                  | <a href="#">Yes</a>                       |
| Eye protection:                 | <a href="#">Yes</a>                             | Site gloves:                                   | <a href="#">Yes</a>                       |
| Hard hat:                       | <a href="#">Yes</a>                             | Safety gloves:                                 | <a href="#">No</a>                        |
| Hearing protection:             | <a href="#">Yes</a>                             | Anti-vibration gloves:                         | <a href="#">No</a>                        |
| Safety harness:                 | <a href="#">No</a>                              | Other (please state):                          |                                           |
| Colour of overalls:             | Within a live enclosure:<br><a href="#">Red</a> | Setting up/Minor works<br><a href="#">Blue</a> | While transiting<br><a href="#">White</a> |

## Arriving on site

### 1. Initial site setup:

#### Controlling the area: – SOP – ASP012

The DCU & Van will be positioned as close to the working area as possible: **Yes**

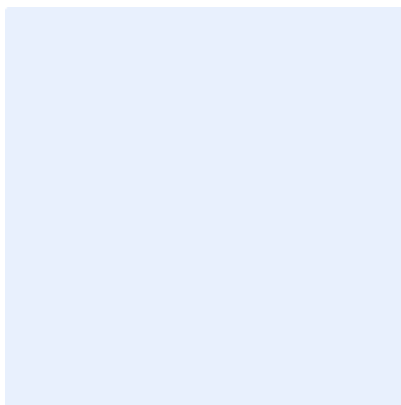
Heras fencing is to be used to restrict access to Shield personnel only: **No**

A sufficient number of signs will be on working areas & routes, informing people of the hazards: **Yes**

Barrier tape is to be used around the working areas to identify respirator zones: **Yes**

Correx sheeting will be used to cover carpeted areas of the transit and waste route: **No**

#### DCU setup: SOP – ASP007 ASP008 ASP010



(Photo of chosen location for DCU)

Is a DCU to be used: **Yes**

DCU to be positioned: **To the front of the building – as per diagram**

Power for DCU to be obtained from: **Self-contained**

Water for DCU to be obtained from: **Self-contained – available within the building**

Waste discharge to be disposed of via: **Waste water is to be collected and disposed of down the sites own foul drainage/toilet**

Type of DCU: Caravan Style: **ASP008/Yes** Modular: **No**

The DCU needs to be 'in service' and setup before the work starts.

#### Welfare facilities: Toilet, Washing and Rest Facilities: Assessment to be suitable and sufficient so far as reasonably practicable, such as the following provisions to be amended or deleted where applicable:

Provided by: **Sainsburys**

Location(s): **12 Mengham Rd, Hayling Island PO11 9BL. Approx. 0.4 miles**

|                           |            |                                  |            |
|---------------------------|------------|----------------------------------|------------|
| Toilets:                  | <b>Yes</b> | Means of drying hands:           | <b>Yes</b> |
| Hot & Cold running water: | <b>Yes</b> | Seating (rest) area:             | <b>No</b>  |
| Soap or washing agent::   | <b>Yes</b> | Means of heating food or drinks: | <b>No</b>  |
| Sanitising gel:           | <b>No</b>  | Other (please state):            | <b>n/a</b> |

**Please fill in the DCU Setup Record, begin the Half-mask and Full-face Daily Mask Inspection Records, brief all operatives on contents of method statement and take preliminary photos of the areas.**

**2. Other job specific information:**

|                                                                    |           |     |
|--------------------------------------------------------------------|-----------|-----|
| <b>Area inspection and Witnessing of smoke tests: SOP – ASP019</b> | Required: | Yes |
| SITE MANAGER                                                       |           |     |

|                                     |              |                                      |               |
|-------------------------------------|--------------|--------------------------------------|---------------|
| <b>Waste disposal: SOP – ASP054</b> |              |                                      |               |
| Amount of waste:                    | 200 Bags     | Waste Container                      | skip          |
| Waste Carrier                       | Acumen       | Landfill or Transfer station Address | TBC by driver |
| Contact details                     | 01977 529586 | Contact details                      | TBC by driver |
| Details of secure storage on site:  |              | Waste to be removed from site daily  |               |

|                           |         |                                      |           |                      |                     |
|---------------------------|---------|--------------------------------------|-----------|----------------------|---------------------|
| <b>Analyst's Details:</b> |         |                                      |           |                      |                     |
| Analytical Company:       |         | Envirochem                           |           | Telephone:           | 01329 287 777       |
| Appointed by:             |         | Shield Environmental Services / Name |           | Frequency of visits: | At the end of works |
| Dates air test booked:    | Start:  | Type of air monitoring:              | Leak:     | Clearance:           | Reassurance:        |
|                           | 2017    |                                      | No        | Yes                  | No                  |
|                           | Finish: |                                      | Personal: | Van:                 | Background:         |
|                           | 2017    |                                      | No        | No                   | No                  |

| Survey details:                                                                   |            |                |                   |         |               |     |
|-----------------------------------------------------------------------------------|------------|----------------|-------------------|---------|---------------|-----|
| Undertaken by:                                                                    | Envirochem |                | Reference number: | J113088 |               |     |
| Date of survey:                                                                   | 30/01/2017 | Copy attached: | No                | Type:   | Refurbishment | No  |
|                                                                                   |            |                |                   |         | Demolition    | Yes |
|                                                                                   |            |                |                   |         | Management    | No  |
|                                                                                   |            |                |                   |         | TBC           | No  |
| Survey reference numbers for individual ACMs are listed in the relevant location. |            |                |                   |         |               |     |

|                                 |     |
|---------------------------------|-----|
| <b>Isolation of services:</b>   |     |
| Power                           | Yes |
| Gas                             | No  |
| Water                           | No  |
| Other:                          | N/A |
| To be undertaken by: The Client |     |
| To be undertaken by: N/A        |     |
| To be undertaken by: N/A        |     |
| To be undertaken by: N/A        |     |

## 3. Description of works in each location:

## Location 1 & 2 – AIB (Both Identical Sizes)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                       |                               |                                                  |                                                                                                                             |                                                                |                              |                       |                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------|-----------------------|---------------------|
| Summary of work being undertaken on ACM's in this location:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Remove:<br><b>Yes</b>                                                                                                                 | Repair:<br><b>No</b>          | Encapsulate:<br><b>No</b>                        | Asbestos Work: <b>LW</b>                                                                                                    |                                                                |                              |                       |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Paint:<br><b>No</b>                                                                                                                   | Drill:<br><b>No</b>           | Reinstatement:<br><b>No</b>                      | Respirator Zone:<br><b>Yes</b>                                                                                              | Enclosure:<br><b>Yes</b>                                       |                              |                       |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Other (please specify): <b>n/a</b>                                                                                                    |                               |                                                  |                                                                                                                             |                                                                |                              |                       |                     |
| Building Number/Name: <b>Hayling Billy</b><br>Internal/External: <b>Internal</b> Floor: <b>Ground</b> Room: <b>Main Bar</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                       |                               |                                                  |                                                                                                                             |                                                                |                              |                       |                     |
| Enclosure details:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                       |                               |                                                  |                                                                                                                             |                                                                |                              |                       |                     |
| Dimensions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Width(m):<br><b>2</b>                                                                                                                 | Height(m):<br><b>2.5</b>      | Length(m):<br><b>3</b>                           | Volume (m <sup>3</sup> ):<br><b>15</b>                                                                                      | Total Volume (m <sup>3</sup> ):<br>+ 6 per airlock = <b>39</b> |                              |                       |                     |
| Air management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Minimum air flow required (m <sup>3</sup> /h):<br>(if >120m <sup>3</sup> ) T. Vol. x 8 = <b>1000</b><br>(if <120m <sup>3</sup> ) 1000 |                               |                                                  | Quantity of Negative Pressure Units to be used:                                                                             |                                                                |                              |                       |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                       |                               |                                                  | NPU500<br><b>0</b>                                                                                                          | NPU1000<br><b>0</b>                                            | NPU1500<br><b>2</b>          | NPU2000<br><b>0</b>   | NPU4000<br><b>0</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Total capacity of NPUs without a roving head (m <sup>3</sup> /h)<br><b>3000</b>                                                       |                               |                                                  | Air changes per hour:<br><b>76.92</b><br>Total capacity ÷ Total Volume =                                                    |                                                                |                              |                       |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Ducting correction is to be used when a roving head or exhaust ducting is connected to calculate the reduction to the NPU flow rate.  |                               |                                                  | Actual Air changes per hour:<br><b>67.69</b><br>Total capacity(NPU's with no ducting) + Ducting correction ÷ Total Volume = |                                                                |                              |                       |                     |
| Construction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Timber batons:<br><b>No</b>                                                                                                           | Clear polythene:<br><b>No</b> | Opaque polythene:<br><b>Yes</b>                  | Fire retardant polythene:<br><b>No</b>                                                                                      | Double-skinned:<br><b>No</b>                                   | Fixed Scaffold:<br><b>No</b> |                       |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CCTV to be placed in enclosure:<br><b>No</b>                                                                                          |                               |                                                  | Are vision panels to be used?<br><b>Yes</b>                                                                                 |                                                                | Baglock<br><b>Yes</b>        | Airlock<br><b>Yes</b> |                     |
| ACM details:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                       |                               |                                                  |                                                                                                                             |                                                                |                              |                       |                     |
| Item Nos.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Material                                                                                                                              | Extent (m <sup>2</sup> or lm) | Surface (e.g. wall, pipework, boxed riser, etc.) | Condition                                                                                                                   | Method of attachment                                           | Type of asbestos fibre       | Survey Reference      |                     |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>AIB</b>                                                                                                                            | <b>4lm</b>                    | <b>2 x Boxing</b>                                | <b>Good</b>                                                                                                                 | <b>Screwed</b>                                                 | <b>Amosite</b>               | <b>J113088</b>        |                     |
| Detailed description of works: Here is the step-by-step extent of works in this location, from setting up to completion.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                       |                               |                                                  |                                                                                                                             |                                                                |                              |                       |                     |
| <b>Immediate risks or requirements (e.g. access, precautions):</b><br><b>Working at height, HAV</b><br><b>Ensure that the light has been isolated and certificate of isolation is present before work begins</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                       |                               |                                                  |                                                                                                                             |                                                                |                              |                       |                     |
| <ol style="list-style-type: none"> <li>1. Set up and test decontamination unit. ASP007</li> <li>2. Create asbestos zone using correct company signage and barrier tape. ASP012</li> <li>3. Construct full working enclosure using opaque polythene, NPU (1 x 1500), task lighting, CCTV and airlock as per drawing. ASP015</li> <li>4. Issue Hold Point</li> <li>5. Complete a smoke test to ensure integrity of the enclosure, if successful works may begin. ASP019</li> <li>6. Start removal of the AIB boxing's as per ASP040.</li> <li>7. Should any voids or breeches be located during the removal process these will be sealed using expanding foam or polythene.</li> <li>8. All waste will then be placed within the UN approved waste bags and store within the skip provided</li> </ol> |                                                                                                                                       |                               |                                                  |                                                                                                                             |                                                                |                              |                       |                     |

9. Prior to transiting waste the supervisor is to ensure the transit route is free of all potential hazards.
10. The screw holes will be drilled out whilst employing fibre supressing techniques ASP029.
11. Once all the waste has been removed the area and equipment is to be cleaned using damp rags and an H Type vacuum ASP052.
12. Supervisor to enter the area to check over and ensure it is ready for visual and clearance air testing
13. An independent analyst will then complete a 4 stage clearance of the area
14. Consign waste

If no enclosure is required, please find the detailed justification for this here:

N/A

If no baglock is being used, please find the justification for this here:

N/A

If the DCU is not attached directly to the enclosure, please find the justification for this here:

The DCU is located externally

All major changes to the plan of work must be authorised by the Contracts Manager. Please see guidance on what constitutes a major and minor change to the plan of work in the appendix.

| Location 1 - ACM photos:                                                                        |                   |         |                   |         |                   |                                                                                                                                                            |                   |          |                   |
|-------------------------------------------------------------------------------------------------|-------------------|---------|-------------------|---------|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------|-------------------|
|                                                                                                 |                   |         |                   |         |                   |                                                                                                                                                            |                   |          |                   |
| Photo 1                                                                                         | Description:<br># | Photo 2 | Description:<br># | Photo 3 | Description:<br># | Photo 4                                                                                                                                                    | Description:<br># | Photo 5  | Description:<br># |
|                                                                                                 |                   |         |                   |         |                   |                                                                                                                                                            |                   |          |                   |
| Photo 6                                                                                         | Description:<br># | Photo 7 | Description:<br># | Photo 8 | Description:<br># | Photo 9                                                                                                                                                    | Description:<br># | Photo 10 | Description:<br># |
| Location 1 - Transit / Waste Route Description/distances (focusing on areas difficult to draw): |                   |         |                   |         |                   |                                                                                                                                                            |                   |          |                   |
| Transit Route:                                                                                  |                   |         |                   |         |                   | Exit the airlock head out of the bar door which will be outside in the middle of the separate enclosures where the DCU can be found ahead. As per diagram  |                   |          |                   |
|                                                                                                 |                   |         |                   |         |                   | This was the <b>shortest route</b>                                                                                                                         |                   |          |                   |
| Waste Route                                                                                     |                   |         |                   |         |                   | Exit the baglock head out of the bar door which will be outside in the middle of the separate enclosures where the skip can be found ahead. As per diagram |                   |          |                   |
|                                                                                                 |                   |         |                   |         |                   | This was the <b>shortest route</b>                                                                                                                         |                   |          |                   |

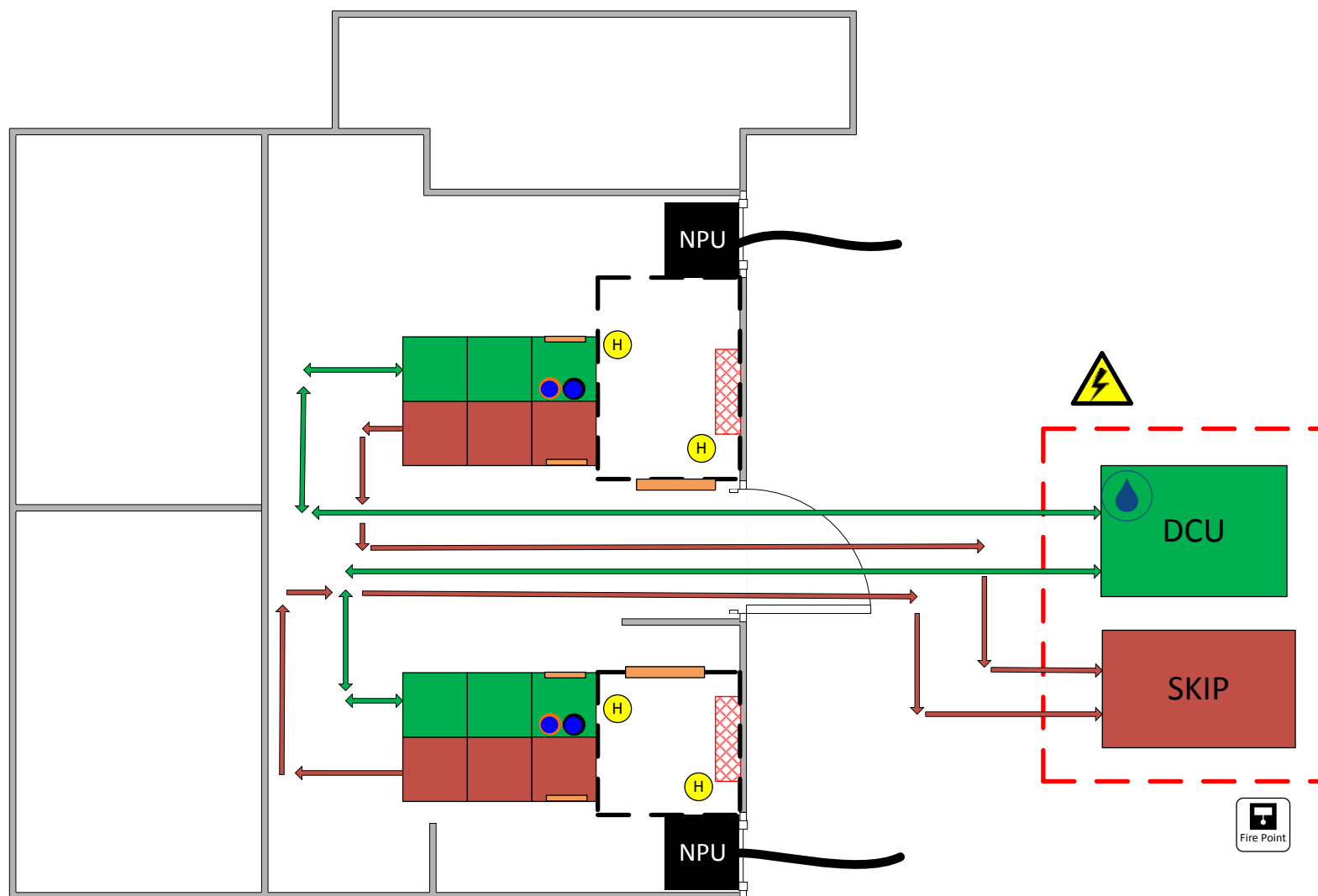
**Location 1 – Sketch Plan:**

Building Number/Name: **Hayling Billy**

Internal/External: **Internal**

Floor: **Ground**

Room: **Main Bar**



**Key:**

|  |               |
|--|---------------|
|  | Airlock       |
|  | Baglock       |
|  | Buckets       |
|  | ACM           |
|  | H-Vac         |
|  | NPU           |
|  | Power         |
|  | Water         |
|  | CCTV          |
|  | Monitor       |
|  | Vision Panel  |
|  | Site Board    |
|  | Extinguisher  |
|  | Air Horn      |
|  | Barrier Tape  |
|  | Enclosure     |
|  | Waste Route   |
|  | Transit Route |
|  | Van           |
|  | DCU           |

## Location 2 – Floor Tiles

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |                               |                                                  |                                            |                              |                              |                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------|--------------------------------------------------|--------------------------------------------|------------------------------|------------------------------|----------------------|
| Summary of work being undertaken in this location:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Remove:<br><b>Yes</b>                        | Repair:<br><b>No</b>          | Encapsulate:<br><b>Yes</b>                       | Asbestos Zone: <b>NLW</b>                  |                              |                              |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Paint:<br><b>No</b>                          | Drill:<br><b>Yes</b>          | Reinstatement:<br><b>No</b>                      | Respirator Zone:<br><b>Yes</b>             | Enclosure:<br><b>Partial</b> |                              |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Other (please specify):                      |                               |                                                  | <b>N/A</b>                                 |                              |                              |                      |
| Building Number/Name: <b>Hayling Billy</b><br>Internal/External: <b>Internal</b> Floor: <b>Ground</b> Room: <b>Various Areas</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                              |                               |                                                  |                                            |                              |                              |                      |
| Enclosure details:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                              |                               |                                                  |                                            |                              |                              |                      |
| Construction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Timber batons:<br><b>No</b>                  | Clear polythene:<br><b>No</b> | Opaque polythene:<br><b>Yes</b>                  | Fire retardant polythene:<br><b>No</b>     | Double-skinned:<br><b>No</b> | Fixed Scaffold:<br><b>No</b> |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CCTV to be placed in enclosure:<br><b>No</b> |                               |                                                  | Are vision panels to be used?<br><b>No</b> |                              | Baglock<br><b>No</b>         | Airlock<br><b>No</b> |
| ACM details:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                              |                               |                                                  |                                            |                              |                              |                      |
| Item Nos.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Material                                     | Extent (m <sup>2</sup> or lm) | Surface (e.g. wall, pipework, boxed riser, etc.) | Condition                                  | Method of attachment         | Type of asbestos fibre       | Survey Reference     |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Floor Tiles                                  | #                             | Floor                                            | Good                                       | Applied                      | Chrysotile                   | J113088              |
| Detailed description of works: Here is the step-by-step extent of works in this location, from setting up to completion.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |                               |                                                  |                                            |                              |                              |                      |
| <b>Immediate risks or requirements (e.g. access, precautions): TBC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              |                               |                                                  |                                            |                              |                              |                      |
| <ol style="list-style-type: none"> <li>1. Take photos of area before any work starts.</li> <li>2. Prepare the working area by putting up suitable warning signs and barrier tape to create the asbestos removal zones. Restrict access to the area. As per ASP012 &amp; ASP014</li> <li>3. Ensure all non-asbestos surfaces are fully protected using polythene.</li> <li>4. Double flap the doorways into the removal areas.</li> <li>5. Take photos of the controls that have been put into place.</li> <li>6. Place the scraper in the joint between the tiles.</li> <li>7. Lift the tiles gently and try to avoid breakage. For firmly-fixed tiles tap the scraper with a hammer.</li> <li>8. Spray water under the tiles as they are lifted, to suppress dust and wet any asbestos paper that may be present.</li> <li>9. Place the floor tiles in UN approved waste sacks, as specified in the waste disposal process. as per ASP053</li> <li>10. Once the tiles have been removed, use an H-type vacuum to ensure that all dust and debris has been removed. ASP018</li> <li>11. Using a PVA based solution encapsulate adhesive</li> <li>12. Visually inspect the area to make sure that it has been cleaned properly and complete certificate of reoccupation</li> <li>13. If applicable, get the premises owner, duty-holder or client to check off the job.</li> <li>14. Take photos of the final area as evidence of successful completion.</li> <li>15. Consign waste</li> </ol> |                                              |                               |                                                  |                                            |                              |                              |                      |
| All major changes to the plan of work must be authorised by the Contracts Manager. Please see guidance on what constitutes a major and minor change to the plan of work in the appendix.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |                               |                                                  |                                            |                              |                              |                      |

## Location 3 – Cement Roof Tiles

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                              |                               |                                                  |                                            |                              |                              |                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------|--------------------------------------------------|--------------------------------------------|------------------------------|------------------------------|----------------------|
| Summary of work being undertaken in this location:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Remove:<br><b>Yes</b>                        | Repair:<br><b>No</b>          | Encapsulate:<br><b>Yes</b>                       | Asbestos Zone: <b>NLW</b>                  |                              |                              |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Paint:<br><b>No</b>                          | Drill:<br><b>No</b>           | Reinstatement:<br><b>No</b>                      | Respirator Zone:<br><b>Yes</b>             | Enclosure:<br><b>Partial</b> |                              |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Other (please specify):                      |                               |                                                  | <b>N/A</b>                                 |                              |                              |                      |
| Building Number/Name: <b>Hayling Billy</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |                               |                                                  |                                            |                              |                              |                      |
| Internal/External: <b>External</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                              | Floor: <b>Roof</b>            |                                                  | Room: <b>Roof</b>                          |                              |                              |                      |
| Enclosure details:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                              |                               |                                                  |                                            |                              |                              |                      |
| Construction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Timber batons:<br><b>No</b>                  | Clear polythene:<br><b>No</b> | Opaque polythene:<br><b>Yes</b>                  | Fire retardant polythene:<br><b>No</b>     | Double-skinned:<br><b>No</b> | Fixed Scaffold:<br><b>No</b> |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CCTV to be placed in enclosure:<br><b>No</b> |                               |                                                  | Are vision panels to be used?<br><b>No</b> |                              | Baglock<br><b>No</b>         | Airlock<br><b>No</b> |
| ACM details:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              |                               |                                                  |                                            |                              |                              |                      |
| Item Nos.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Material                                     | Extent (m <sup>2</sup> or lm) | Surface (e.g. wall, pipework, boxed riser, etc.) | Condition                                  | Method of attachment         | Type of asbestos fibre       | Survey Reference     |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Cement</b>                                | <b>#</b>                      | <b>Roof</b>                                      | <b>Poor</b>                                | <b>Nailed</b>                | <b>Chrysotile</b>            | <b>J113088</b>       |
| Detailed description of works: Here is the step-by-step extent of works in this location, from setting up to completion.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              |                               |                                                  |                                            |                              |                              |                      |
| Immediate risks or requirements (e.g. access, precautions): <b>Working at height</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                              |                               |                                                  |                                            |                              |                              |                      |
| <ol style="list-style-type: none"> <li>1. Take photos before any work commences.</li> <li>2. Set up the working area, using correct warning signage and barrier tape – restricting access. ASP012 &amp; ASP014</li> <li>3. Assemble mobile tower.</li> <li>4. Take photos of site set up.</li> <li>5. Saturate the cement tiles with surfactant using a hand held sprayer, allow adequate time to absorb.</li> <li>6. Carefully lever the tiles from the battens using a nail bar incorporating the shadow vacuuming technique ASP033.</li> <li>7. Place the tiles within waste bags which will be stored within the lockable skip.</li> <li>8. Ensure all nails are removed and the nail holes in the timber battens are cleaned using h-type vacuums and damp rags.</li> <li>9. Clean the entire removal area and equipment with damp rags and an H-Vac. ASP052</li> <li>10. Put any debris, used rags, polythene sheeting and other waste in the UN approved waste bags and tape closed. ASP053</li> <li>11. Visually inspect the area to ensuring that it has been cleaned properly and complete certificate of reoccupation</li> <li>12. Take photos demonstrating satisfactory completion of work.</li> <li>13. Consign Waste.</li> </ol> |                                              |                               |                                                  |                                            |                              |                              |                      |
| All major changes to the plan of work must be authorised by the Contracts Manager. Please see guidance on what constitutes a major and minor change to the plan of work in the appendix.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              |                               |                                                  |                                            |                              |                              |                      |

**1. Site supervisor briefing:**

Title: Site Supervisor

[illegible]

Please write your full name clearly.

**2. Permit to Work**

| The following questions must be answered before asbestos works starts. Please begin filling-in this form as soon as you arrive on site.                                                                                                                                                                                                                                   | Yes (tick) | No (tick) | N/A (tick) | Signature |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|------------|-----------|
| Is the plan of work and risk assessment of a good enough standard to proceed and does it reflect the site conditions?                                                                                                                                                                                                                                                     |            |           |            |           |
| Have all site staff been briefed on the contents of the plan of work and informed of the risks?                                                                                                                                                                                                                                                                           |            |           |            |           |
| Has the site board been erected in a good position and does it detail the following information:<br><ul style="list-style-type: none"> <li>• Site Supervisor</li> <li>• Current hazards and risks</li> <li>• Nos. of operatives</li> <li>• Analytical company</li> <li>• Contracts Manager</li> </ul>                                                                     |            |           |            |           |
| Does the noticeboard contain the following items:<br><ul style="list-style-type: none"> <li>• Valid Insurance Certificate</li> <li>• Valid Asbestos License</li> <li>• Waste Carriers License</li> <li>• Asbestos procedures manual</li> <li>• Fire Extinguisher</li> <li>• Fully stocked first aid kit</li> <li>• Air horn</li> </ul>                                    |            |           |            |           |
| Is the site diary available and ready to use?                                                                                                                                                                                                                                                                                                                             |            |           |            |           |
| Do you have copies or access to all of the following documentation? Are they valid and can you produce them for inspection?<br><ul style="list-style-type: none"> <li>• Training certs.</li> <li>• NPU certs.</li> <li>• Face-fit certs.</li> <li>• Hepa Vacuum certs</li> <li>• Medical certs.</li> <li>• Certs. for all additional equipment</li> </ul>                 |            |           |            |           |
| Is the DCU in the best position, in good working order and has the check sheet been completed?                                                                                                                                                                                                                                                                            |            |           |            |           |
| Have all RPE been checked, serviced within the last 6 months and has the check sheet been completed?                                                                                                                                                                                                                                                                      |            |           |            |           |
| Are the transit and waste routes clearly marked with the Shield standard signage and are they free of any trip hazards?                                                                                                                                                                                                                                                   |            |           |            |           |
| Are the following safety warning signs, as well as barrier tape identifying the Asbestos and Respirator Zone, in place?<br><ul style="list-style-type: none"> <li>• No Unauthorised Access</li> <li>• Wear RPE</li> <li>• Wear Coveralls</li> <li>• Danger Asbestos</li> </ul>                                                                                            |            |           |            |           |
| Has the access equipment been set up correctly, filling in the relevant checklist or risk assessment if necessary? If an external contractor has set up the equipment, do you have copies of the necessary certificates?<br><ul style="list-style-type: none"> <li>• Mobile Scaffolding</li> <li>• Fixed Scaffolding</li> <li>• Podium Steps</li> <li>• Other:</li> </ul> |            |           |            |           |
| Has the gas been purged, electrical equipment and lighting been isolated, and do you have copies of the certificates?                                                                                                                                                                                                                                                     |            |           |            |           |
| Are all operatives wearing the PPE stated in the Risk Assessment Requirements section of this plan of work?                                                                                                                                                                                                                                                               |            |           |            |           |
| Have other contractors based at this site been briefed on our work?                                                                                                                                                                                                                                                                                                       |            |           |            |           |
| Comments:                                                                                                                                                                                                                                                                                                                                                                 |            |           |            |           |
|                                                                                                                                                                                                                                                                                                                                                                           |            |           |            |           |
| Site supervisor:                                                                                                                                                                                                                                                                                                                                                          | Signature: |           | Date:      |           |
| Do not begin any direct work with asbestos until all of the above has been completed and signed as satisfactory.                                                                                                                                                                                                                                                          |            |           |            |           |

**3. DCU – Setup Record:**Form Required: **Yes**

DCU Number: \_\_\_\_\_ Date arrived on site: \_\_\_\_\_

| Date | Time | (Please tick to confirm item has been checked) |             |               |                                                      |                                |                        |                      |                    |                 |                     |                                  |                    | Faults Identified | All Faults Fixed (Circle) |                               | Signed |                                 |  |
|------|------|------------------------------------------------|-------------|---------------|------------------------------------------------------|--------------------------------|------------------------|----------------------|--------------------|-----------------|---------------------|----------------------------------|--------------------|-------------------|---------------------------|-------------------------------|--------|---------------------------------|--|
|      |      | Clean                                          | Sited Level | Waste Removed | Electrical earthing tested and earthing rod in place | Waste water connected to drain | Water supply connected | Gas supply connected | Boiler functioning | NPU functioning | Heating functioning | Soap / Towels / Nail Brush / Gel | Self-closing doors |                   | Mirror in place           | Signs in place & locked doors |        | Clearance certificate displayed |  |
|      |      |                                                |             |               |                                                      |                                |                        |                      |                    |                 |                     |                                  |                    |                   |                           |                               | Y      | N                               |  |
|      |      |                                                |             |               |                                                      |                                |                        |                      |                    |                 |                     |                                  |                    |                   |                           |                               | Y      | N                               |  |
|      |      |                                                |             |               |                                                      |                                |                        |                      |                    |                 |                     |                                  |                    |                   |                           |                               | Y      | N                               |  |
|      |      |                                                |             |               |                                                      |                                |                        |                      |                    |                 |                     |                                  |                    |                   |                           |                               | Y      | N                               |  |
|      |      |                                                |             |               |                                                      |                                |                        |                      |                    |                 |                     |                                  |                    |                   |                           |                               | Y      | N                               |  |
|      |      |                                                |             |               |                                                      |                                |                        |                      |                    |                 |                     |                                  |                    |                   |                           |                               | Y      | N                               |  |
|      |      |                                                |             |               |                                                      |                                |                        |                      |                    |                 |                     |                                  |                    |                   |                           |                               | Y      | N                               |  |
|      |      |                                                |             |               |                                                      |                                |                        |                      |                    |                 |                     |                                  |                    |                   |                           |                               | Y      | N                               |  |
|      |      |                                                |             |               |                                                      |                                |                        |                      |                    |                 |                     |                                  |                    |                   |                           |                               | Y      | N                               |  |
|      |      |                                                |             |               |                                                      |                                |                        |                      |                    |                 |                     |                                  |                    |                   |                           |                               | Y      | N                               |  |
|      |      |                                                |             |               |                                                      |                                |                        |                      |                    |                 |                     |                                  |                    |                   |                           |                               | Y      | N                               |  |
|      |      |                                                |             |               |                                                      |                                |                        |                      |                    |                 |                     |                                  |                    |                   |                           |                               | Y      | N                               |  |

If a fault has been discovered and cannot be fixed: stop the work, seal the DCU and tell the Contracts Manager.

If a fault has been discovered: do not use the mask and tell the Contracts Manager.

AR059 – V8 160930

**6. Hand-arm vibration exposure record**

Date:

**Details**

Full equipment name: .....

Vibration magnitude: ..... m/s<sup>2</sup>

Action value: ..... minutes

Limit value: ..... minutes / day

Safety measures: .....

(Please contact the Contracts Manager to assist in specifying these requirements)

Please request more record sheets from the Contracts Manager for each day of the job.

| Shift | Start-time | End-time | Duration (Mins.) | Full Name | Signature |
|-------|------------|----------|------------------|-----------|-----------|
| 1     |            |          |                  |           |           |
| 2     |            |          |                  |           |           |
| 3     |            |          |                  |           |           |
| 4     |            |          |                  |           |           |
| 5     |            |          |                  |           |           |
| 6     |            |          |                  |           |           |
| 7     |            |          |                  |           |           |
| 8     |            |          |                  |           |           |
| 9     |            |          |                  |           |           |
| 10    |            |          |                  |           |           |
| 11    |            |          |                  |           |           |
| 12    |            |          |                  |           |           |
| 13    |            |          |                  |           |           |
| 14    |            |          |                  |           |           |
| 15    |            |          |                  |           |           |

This record is to be used as a Supervisor's tool for managing the daily use of vibrating equipment safely.

**1. Access tower checklist:**

Form Required:

Yes

Inspection frequency:

- Carry out inspection immediately after tower erection, fill in a Scafftag and place on tower.
- If adjusted, part or fully dismantled the tower must be re-inspected before use.
- If used continuously in the same location, with no adjustment, the tower should be inspected every 7 days.
- Any tower which sustains damage should be taken out of service immediately.

| Date             | Date             | Date             | Date             | Date             | Date             | Date             | Date             | Date             | Date             |
|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| (initial or N/A) | (initial or N/A) | (initial or N/A) | (initial or N/A) | (initial or N/A) | (initial or N/A) | (initial or N/A) | (initial or N/A) | (initial or N/A) | (initial or N/A) |

A satisfactory inspection has been conducted of:

**Components prior to erection****Tower prior to use:**

Tower upright

Castors locked / legs correctly adjusted

Braces &amp; platform level

Braces in position

Stabilisers / outriggers / ballast fitted as specified

Platforms located and clips locked

Handrails in place

Toe-boards in place

Ground conditions firm &amp; level – free from obstructions

Free from overhead cables

Ladder accessible

Site supervisor:

Signature:

Date:

**2. Daily site inspection records:**

| Day 1 Daily Site Inspection Record:                                                                                                                                                                                                          |                                                          |       |     | Date:                        |                                      |                           |                |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------|-----|------------------------------|--------------------------------------|---------------------------|----------------|---|
| Please request more inspection sheets if the job is to last longer than 14 days. If the faults identified change during the day simply cross out your previous comment and write a new one. If not, keep the original comment (e.g. 'None'). |                                                          |       |     |                              |                                      |                           |                |   |
| Inspection of:                                                                                                                                                                                                                               | Time of day                                              |       |     | Faults identified            | Remedy                               | Site Supervisor Signature |                |   |
|                                                                                                                                                                                                                                              | Begin.                                                   | Mid.  | End |                              |                                      |                           |                |   |
| Enclosure integrity                                                                                                                                                                                                                          |                                                          |       |     |                              |                                      |                           |                |   |
| Airlock integrity                                                                                                                                                                                                                            |                                                          |       |     |                              |                                      |                           |                |   |
| Baglock integrity                                                                                                                                                                                                                            |                                                          |       |     |                              |                                      |                           |                |   |
| NPU fully functional                                                                                                                                                                                                                         |                                                          |       |     |                              |                                      |                           |                |   |
| NPU gauge reading:                                                                                                                                                                                                                           |                                                          |       |     |                              |                                      |                           |                |   |
| Vacuums working properly                                                                                                                                                                                                                     |                                                          |       |     |                              |                                      |                           |                |   |
| Injection equipment fully functional                                                                                                                                                                                                         |                                                          |       |     |                              |                                      |                           |                |   |
| CCTV operational                                                                                                                                                                                                                             |                                                          |       |     |                              |                                      |                           |                |   |
| Transit route free from debris or obstruction                                                                                                                                                                                                |                                                          |       |     |                              |                                      |                           |                |   |
| Waste route free from debris or obstruction                                                                                                                                                                                                  |                                                          |       |     |                              |                                      |                           |                |   |
| Skip secure                                                                                                                                                                                                                                  |                                                          |       |     |                              |                                      |                           |                |   |
| DCU fully functional and clean                                                                                                                                                                                                               |                                                          |       |     |                              |                                      |                           |                |   |
| DCU NPU gauge reading:                                                                                                                                                                                                                       |                                                          |       |     |                              |                                      |                           |                |   |
| Signs in place                                                                                                                                                                                                                               |                                                          |       |     |                              |                                      |                           |                |   |
| Stock check – sufficient stock for job                                                                                                                                                                                                       |                                                          |       |     |                              |                                      |                           |                |   |
| Shield van clean and parked correctly                                                                                                                                                                                                        |                                                          |       |     |                              |                                      |                           |                |   |
| All equipment stored in a tidy manner                                                                                                                                                                                                        |                                                          |       |     |                              |                                      |                           |                |   |
| All personnel are wearing the correct PPE and corporate clothing                                                                                                                                                                             |                                                          |       |     |                              |                                      |                           |                |   |
| Smoke test undertaken:                                                                                                                                                                                                                       | Yes <input type="checkbox"/> No <input type="checkbox"/> |       |     | Take photo of the site setup | Identification numbers of equipment: |                           | Certs on site: |   |
| Witnessed by:                                                                                                                                                                                                                                |                                                          |       |     |                              | Air Movers                           |                           | Y              | N |
|                                                                                                                                                                                                                                              |                                                          |       |     |                              | Vacuums                              |                           | Y              | N |
|                                                                                                                                                                                                                                              |                                                          |       |     |                              | Injection                            |                           | Y              | N |
| Time:                                                                                                                                                                                                                                        |                                                          | Date: |     | DCU                          |                                      | Y                         | N              |   |
| This inspection record and the site diary must be filled in on a daily basis and match with each other.                                                                                                                                      |                                                          |       |     |                              |                                      |                           |                |   |

| Day 2 Daily Site Inspection Record:                                                                                                                                                                                                          |                                                          |      |     | Date:                        |                                      |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------|-----|------------------------------|--------------------------------------|---------------------------|
| Please request more inspection sheets if the job is to last longer than 14 days. If the faults identified change during the day simply cross out your previous comment and write a new one. If not, keep the original comment (e.g. 'None'). |                                                          |      |     |                              |                                      |                           |
| Inspection of:                                                                                                                                                                                                                               | Time of day                                              |      |     | Faults identified            | Remedy                               | Site Supervisor Signature |
|                                                                                                                                                                                                                                              | Begin.                                                   | Mid. | End |                              |                                      |                           |
| Enclosure integrity                                                                                                                                                                                                                          |                                                          |      |     |                              |                                      |                           |
| Airlock integrity                                                                                                                                                                                                                            |                                                          |      |     |                              |                                      |                           |
| Baglock integrity                                                                                                                                                                                                                            |                                                          |      |     |                              |                                      |                           |
| NPU fully functional                                                                                                                                                                                                                         |                                                          |      |     |                              |                                      |                           |
| NPU gauge reading:                                                                                                                                                                                                                           |                                                          |      |     |                              |                                      |                           |
| Vacuums working properly                                                                                                                                                                                                                     |                                                          |      |     |                              |                                      |                           |
| Injection equipment fully functional                                                                                                                                                                                                         |                                                          |      |     |                              |                                      |                           |
| CCTV operational                                                                                                                                                                                                                             |                                                          |      |     |                              |                                      |                           |
| Transit route free from debris or obstruction                                                                                                                                                                                                |                                                          |      |     |                              |                                      |                           |
| Waste route free from debris or obstruction                                                                                                                                                                                                  |                                                          |      |     |                              |                                      |                           |
| Skip secure                                                                                                                                                                                                                                  |                                                          |      |     |                              |                                      |                           |
| DCU fully functional and clean                                                                                                                                                                                                               |                                                          |      |     |                              |                                      |                           |
| DCU NPU gauge reading:                                                                                                                                                                                                                       |                                                          |      |     |                              |                                      |                           |
| Signs in place                                                                                                                                                                                                                               |                                                          |      |     |                              |                                      |                           |
| Stock check – sufficient stock for job                                                                                                                                                                                                       |                                                          |      |     |                              |                                      |                           |
| Shield van clean and parked correctly                                                                                                                                                                                                        |                                                          |      |     |                              |                                      |                           |
| All equipment stored in a tidy manner                                                                                                                                                                                                        |                                                          |      |     |                              |                                      |                           |
| All personnel are wearing the correct PPE and corporate clothing                                                                                                                                                                             |                                                          |      |     |                              |                                      |                           |
| Smoke test undertaken:                                                                                                                                                                                                                       | Yes <input type="checkbox"/> No <input type="checkbox"/> |      |     | Take photo of the site setup | Identification numbers of equipment: |                           |
| Witnessed by:                                                                                                                                                                                                                                |                                                          |      |     |                              | Air Movers                           |                           |
|                                                                                                                                                                                                                                              |                                                          |      |     |                              | Vacuums                              |                           |
|                                                                                                                                                                                                                                              |                                                          |      |     |                              | Injection                            |                           |
| Time:                                                                                                                                                                                                                                        | Date:                                                    |      |     | DCU                          |                                      |                           |
| This inspection record and the site diary must be filled in on a daily basis and match with each other.                                                                                                                                      |                                                          |      |     |                              |                                      |                           |

| Day 3 Daily Site Inspection Record:                                                                                                                                                                                                          |                                                          |      |     | Date:                        |                                      |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------|-----|------------------------------|--------------------------------------|---------------------------|
| Please request more inspection sheets if the job is to last longer than 14 days. If the faults identified change during the day simply cross out your previous comment and write a new one. If not, keep the original comment (e.g. 'None'). |                                                          |      |     |                              |                                      |                           |
| Inspection of:                                                                                                                                                                                                                               | Time of day                                              |      |     | Faults identified            | Remedy                               | Site Supervisor Signature |
|                                                                                                                                                                                                                                              | Begin.                                                   | Mid. | End |                              |                                      |                           |
| Enclosure integrity                                                                                                                                                                                                                          |                                                          |      |     |                              |                                      |                           |
| Airlock integrity                                                                                                                                                                                                                            |                                                          |      |     |                              |                                      |                           |
| Baglock integrity                                                                                                                                                                                                                            |                                                          |      |     |                              |                                      |                           |
| NPU fully functional                                                                                                                                                                                                                         |                                                          |      |     |                              |                                      |                           |
| NPU gauge reading:                                                                                                                                                                                                                           |                                                          |      |     |                              |                                      |                           |
| Vacuums working properly                                                                                                                                                                                                                     |                                                          |      |     |                              |                                      |                           |
| Injection equipment fully functional                                                                                                                                                                                                         |                                                          |      |     |                              |                                      |                           |
| CCTV operational                                                                                                                                                                                                                             |                                                          |      |     |                              |                                      |                           |
| Transit route free from debris or obstruction                                                                                                                                                                                                |                                                          |      |     |                              |                                      |                           |
| Waste route free from debris or obstruction                                                                                                                                                                                                  |                                                          |      |     |                              |                                      |                           |
| Skip secure                                                                                                                                                                                                                                  |                                                          |      |     |                              |                                      |                           |
| DCU fully functional and clean                                                                                                                                                                                                               |                                                          |      |     |                              |                                      |                           |
| DCU NPU gauge reading:                                                                                                                                                                                                                       |                                                          |      |     |                              |                                      |                           |
| Signs in place                                                                                                                                                                                                                               |                                                          |      |     |                              |                                      |                           |
| Stock check – sufficient stock for job                                                                                                                                                                                                       |                                                          |      |     |                              |                                      |                           |
| Shield van clean and parked correctly                                                                                                                                                                                                        |                                                          |      |     |                              |                                      |                           |
| All equipment stored in a tidy manner                                                                                                                                                                                                        |                                                          |      |     |                              |                                      |                           |
| All personnel are wearing the correct PPE and corporate clothing                                                                                                                                                                             |                                                          |      |     |                              |                                      |                           |
| Smoke test undertaken:                                                                                                                                                                                                                       | Yes <input type="checkbox"/> No <input type="checkbox"/> |      |     | Take photo of the site setup | Identification numbers of equipment: |                           |
| Witnessed by:                                                                                                                                                                                                                                |                                                          |      |     |                              | Air Movers                           |                           |
|                                                                                                                                                                                                                                              |                                                          |      |     |                              | Vacuums                              |                           |
|                                                                                                                                                                                                                                              |                                                          |      |     |                              | Injection                            |                           |
| Time:                                                                                                                                                                                                                                        | Date:                                                    |      |     | DCU                          |                                      |                           |
| This inspection record and the site diary must be filled in on a daily basis and match with each other.                                                                                                                                      |                                                          |      |     |                              |                                      |                           |

| Day 4 Daily Site Inspection Record:                                                                                                                                                                                                          |                                                          |      |     | Date:                        |                                      |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------|-----|------------------------------|--------------------------------------|---------------------------|
| Please request more inspection sheets if the job is to last longer than 14 days. If the faults identified change during the day simply cross out your previous comment and write a new one. If not, keep the original comment (e.g. 'None'). |                                                          |      |     |                              |                                      |                           |
| Inspection of:                                                                                                                                                                                                                               | Time of day                                              |      |     | Faults identified            | Remedy                               | Site Supervisor Signature |
|                                                                                                                                                                                                                                              | Begin.                                                   | Mid. | End |                              |                                      |                           |
| Enclosure integrity                                                                                                                                                                                                                          |                                                          |      |     |                              |                                      |                           |
| Airlock integrity                                                                                                                                                                                                                            |                                                          |      |     |                              |                                      |                           |
| Baglock integrity                                                                                                                                                                                                                            |                                                          |      |     |                              |                                      |                           |
| NPU fully functional                                                                                                                                                                                                                         |                                                          |      |     |                              |                                      |                           |
| NPU gauge reading:                                                                                                                                                                                                                           |                                                          |      |     |                              |                                      |                           |
| Vacuums working properly                                                                                                                                                                                                                     |                                                          |      |     |                              |                                      |                           |
| Injection equipment fully functional                                                                                                                                                                                                         |                                                          |      |     |                              |                                      |                           |
| CCTV operational                                                                                                                                                                                                                             |                                                          |      |     |                              |                                      |                           |
| Transit route free from debris or obstruction                                                                                                                                                                                                |                                                          |      |     |                              |                                      |                           |
| Waste route free from debris or obstruction                                                                                                                                                                                                  |                                                          |      |     |                              |                                      |                           |
| Skip secure                                                                                                                                                                                                                                  |                                                          |      |     |                              |                                      |                           |
| DCU fully functional and clean                                                                                                                                                                                                               |                                                          |      |     |                              |                                      |                           |
| DCU NPU gauge reading:                                                                                                                                                                                                                       |                                                          |      |     |                              |                                      |                           |
| Signs in place                                                                                                                                                                                                                               |                                                          |      |     |                              |                                      |                           |
| Stock check – sufficient stock for job                                                                                                                                                                                                       |                                                          |      |     |                              |                                      |                           |
| Shield van clean and parked correctly                                                                                                                                                                                                        |                                                          |      |     |                              |                                      |                           |
| All equipment stored in a tidy manner                                                                                                                                                                                                        |                                                          |      |     |                              |                                      |                           |
| All personnel are wearing the correct PPE and corporate clothing                                                                                                                                                                             |                                                          |      |     |                              |                                      |                           |
| Smoke test undertaken:                                                                                                                                                                                                                       | Yes <input type="checkbox"/> No <input type="checkbox"/> |      |     | Take photo of the site setup | Identification numbers of equipment: |                           |
| Witnessed by:                                                                                                                                                                                                                                |                                                          |      |     |                              | Air Movers                           |                           |
|                                                                                                                                                                                                                                              |                                                          |      |     |                              | Vacuums                              |                           |
|                                                                                                                                                                                                                                              |                                                          |      |     |                              | Injection                            |                           |
| Time:                                                                                                                                                                                                                                        | Date:                                                    |      |     | DCU                          |                                      |                           |
| This inspection record and the site diary must be filled in on a daily basis and match with each other.                                                                                                                                      |                                                          |      |     |                              |                                      |                           |

| Day 5 Daily Site Inspection Record:                                                                                                                                                                                                          |                                                          |      |     | Date:                        |                                      |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------|-----|------------------------------|--------------------------------------|---------------------------|
| Please request more inspection sheets if the job is to last longer than 14 days. If the faults identified change during the day simply cross out your previous comment and write a new one. If not, keep the original comment (e.g. 'None'). |                                                          |      |     |                              |                                      |                           |
| Inspection of:                                                                                                                                                                                                                               | Time of day                                              |      |     | Faults identified            | Remedy                               | Site Supervisor Signature |
|                                                                                                                                                                                                                                              | Begin.                                                   | Mid. | End |                              |                                      |                           |
| Enclosure integrity                                                                                                                                                                                                                          |                                                          |      |     |                              |                                      |                           |
| Airlock integrity                                                                                                                                                                                                                            |                                                          |      |     |                              |                                      |                           |
| Baglock integrity                                                                                                                                                                                                                            |                                                          |      |     |                              |                                      |                           |
| NPU fully functional                                                                                                                                                                                                                         |                                                          |      |     |                              |                                      |                           |
| NPU gauge reading:                                                                                                                                                                                                                           |                                                          |      |     |                              |                                      |                           |
| Vacuums working properly                                                                                                                                                                                                                     |                                                          |      |     |                              |                                      |                           |
| Injection equipment fully functional                                                                                                                                                                                                         |                                                          |      |     |                              |                                      |                           |
| CCTV operational                                                                                                                                                                                                                             |                                                          |      |     |                              |                                      |                           |
| Transit route free from debris or obstruction                                                                                                                                                                                                |                                                          |      |     |                              |                                      |                           |
| Waste route free from debris or obstruction                                                                                                                                                                                                  |                                                          |      |     |                              |                                      |                           |
| Skip secure                                                                                                                                                                                                                                  |                                                          |      |     |                              |                                      |                           |
| DCU fully functional and clean                                                                                                                                                                                                               |                                                          |      |     |                              |                                      |                           |
| DCU NPU gauge reading:                                                                                                                                                                                                                       |                                                          |      |     |                              |                                      |                           |
| Signs in place                                                                                                                                                                                                                               |                                                          |      |     |                              |                                      |                           |
| Stock check – sufficient stock for job                                                                                                                                                                                                       |                                                          |      |     |                              |                                      |                           |
| Shield van clean and parked correctly                                                                                                                                                                                                        |                                                          |      |     |                              |                                      |                           |
| All equipment stored in a tidy manner                                                                                                                                                                                                        |                                                          |      |     |                              |                                      |                           |
| All personnel are wearing the correct PPE and corporate clothing                                                                                                                                                                             |                                                          |      |     |                              |                                      |                           |
| Smoke test undertaken:                                                                                                                                                                                                                       | Yes <input type="checkbox"/> No <input type="checkbox"/> |      |     | Take photo of the site setup | Identification numbers of equipment: |                           |
| Witnessed by:                                                                                                                                                                                                                                |                                                          |      |     |                              | Air Movers                           |                           |
|                                                                                                                                                                                                                                              |                                                          |      |     |                              | Vacuums                              |                           |
|                                                                                                                                                                                                                                              |                                                          |      |     |                              | Injection                            |                           |
| Time:                                                                                                                                                                                                                                        | Date:                                                    |      |     | DCU                          |                                      |                           |
| This inspection record and the site diary must be filled in on a daily basis and match with each other.                                                                                                                                      |                                                          |      |     |                              |                                      |                           |

**3. Additional site specific risk assessment form:**

When discovering an additional hazard: stop the work and contact the Contracts Manager for advice, then fill in the table below.

| New Hazard | Who might be harmed | What safety measures are we going to introduce to reduce the risk to an acceptable level | Signature | Date |
|------------|---------------------|------------------------------------------------------------------------------------------|-----------|------|
|            |                     |                                                                                          |           |      |
|            |                     |                                                                                          |           |      |
|            |                     |                                                                                          |           |      |
|            |                     |                                                                                          |           |      |
|            |                     |                                                                                          |           |      |

Do you need to work at height using access equipment not yet specified in the plan of work? If so, please contact the Contracts Manager and then fill in section below.

| Access equipment                  | Reason for use | What control measures are we going to introduce to reduce the risk to an acceptable level | Signature | Date |
|-----------------------------------|----------------|-------------------------------------------------------------------------------------------|-----------|------|
| Cherry picker, Scissor lift, etc. |                |                                                                                           |           |      |
| Fixed scaffold                    |                |                                                                                           |           |      |
| Lightweight tower scaffold        |                |                                                                                           |           |      |
| Ladders                           |                |                                                                                           |           |      |
| Step ladders                      |                |                                                                                           |           |      |
| Other: _____                      |                |                                                                                           |           |      |

|                                                                               |                                                             |                                                                                     |                                                             |
|-------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------|
| New access equipment pre-checks:                                              |                                                             | Have you carried out all the required checks on the equipment before starting work? | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
| Have you received training in the use of the equipment selected?              | Yes <input type="checkbox"/><br>No <input type="checkbox"/> | Have all working at height risks been adequately controlled?                        | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
| Is everyone aware of the above requirements to enable safe working at height? | Yes <input type="checkbox"/><br>No <input type="checkbox"/> | Has the Contracts Manager been contacted?                                           | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |

**4. Revision to the plan of work:**

| Date | Revision Number | Revision | Supervisor Signature |
|------|-----------------|----------|----------------------|
|      |                 |          |                      |

All changes to the plan of work need to be clearly written here. Please see what constitutes a major and minor change to the plan of work in the appendix. All major changes need to be authorised by the Contracts Manager.

**5. Record of Management, HSE, ARCA and Auditing visits:**

(To be filled in by the Site Supervisor)

| Type of visit:                                        | Name | Date       | Feedback (if any) |       |
|-------------------------------------------------------|------|------------|-------------------|-------|
| Contracts Manager                                     |      |            |                   |       |
| Health & Safety Manager                               |      |            |                   |       |
| Shield Auditor                                        |      |            |                   |       |
| Other Management                                      |      |            |                   |       |
| HSE Inspector                                         |      |            |                   |       |
| ARCA Auditor                                          |      |            |                   |       |
| External Auditor                                      |      |            |                   |       |
| Other: (Please specify)<br>_____                      |      |            |                   |       |
| Site Supervisor:                                      |      | Signature: |                   | Date: |
| Please record all visitor's comments & feedback here. |      |            |                   |       |

## 6. Domestic Property Disclaimer

### Disclaimer regarding the removal of policyholder's furniture and possessions:

As discussed, should you require us to move your furniture this will be at your own risk as we are not insured or obligated to do so. If you wish the furniture to remain in the room during the removal works every precaution will be taken to protect it, however this will be at your own risk.

Policyholder's signature: \_\_\_\_\_

Shield Environmental Representative: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix

### 7. Asbestos License



Health and Safety  
Executive

#### Licence to undertake work with asbestos

Licence Number 841600684

Health and Safety at Work etc Act 1974  
Control of Asbestos Regulations 2012

The Health and Safety Executive, in pursuance of the powers conferred on it by the Control of Asbestos Regulations 2012, licences

Shield Environmental Services Limited  
Shield House  
Caxton Business Park  
Crown Way  
Warmley  
BRISTOL  
Avon  
BS30 8XJ

("the licensee")

to undertake work with asbestos subject to the conditions below. The licence is granted from **01 October 2016** and shall remain valid until **30 September 2019** unless revoked in writing by an authorised Person.

#### CONDITIONS

1. This licence or a copy thereof, should be made available on request by the licensee for inspection by any person to whom the licensee submits a tender or quotation for work with asbestos and shall be available for inspection at all worksites.
2. The licensee shall give notice in writing of the work to the appropriate HSE or local authority office at least 14 days before the work is commenced, or such other period as the authority will allow. The notice shall specify the type of work to be carried out, the likely duration of the work, the address of the premises at which the work is to be carried out and the date of commencement of the work activity. The enforcing authority must be informed in writing as soon as possible if this information changes. This condition will only apply to licensable work with asbestos as defined in Regulation 2 of the Control of Asbestos Regulations 2012 or when the licensee hires out employees (at operative level) to other licensees.
3. (a) Prior to submitting the notice of work required by Condition 2 the following documents shall be prepared by the licence holder:
  - i) a suitable and sufficient written statement of the plan of work to be used.
  - ii) a suitable and sufficient written specification for the equipment for the protection and decontamination of those engaged in asbestos work and also for the protection of other persons, as appropriate to the work.
- (b) The licensee shall, on request by HSE and/or the local authority provide copies of the documents referred to in 3(a) and/or allow inspection of those documents as required.
- (c) Work carried out under the notice of work required by Condition 2 shall be carried out in accordance with the suitable and sufficient plan of work and the equipment, as specified in (a) (i) and (ii).

The plan of work and written specification must be provided on request and be available at the time of notification.

Signature



A person authorised by the Health and Safety Executive to act in that capacity

Name: **Annette Leppla**  
**H M Inspector of Health and Safety**  
**Asbestos Licensing Unit**

Date: **21 September 2016**

F00 ASB2a (rev 04.12)

### 1. Insurance certificate



#### CERTIFICATE OF EMPLOYERS' LIABILITY INSURANCE<sup>(a)</sup>

(Where required by regulation 5 of the Employers' Liability (Compulsory Insurance) Regulations 1998 (the Regulations), one or more copies of this certificate must be displayed at each place of business at which the policy holder employs persons covered by the policy)

Policy Number: **B074055161065**

1. Name of policy holder: **Shield Environmental Services Limited also trading as Shield Asbestos Removal and Shield Asbestos Consultancy and Shield Asbestos Surveying and Shield Marine (North) and Shield Marine (South) and Shield Insulation and Shield Demolition and Shield Scaffolding and Shield Waste Transfer**

2. Date of Commencement of Policy: **31st July 2016**

3. Date of expiry of Insurance Policy: **30th July 2017**

We hereby certify that subject to paragraph 2:-

1. the policy to which this certificate relates satisfies the requirements of the relevant law applicable in Great Britain, Northern Ireland, the Isle of Man, the Island of Jersey, the Island of Guernsey and the Island of Alderney, or to offshore installations in any waters outside the United Kingdom to which the Employers' Liability (Compulsory Insurance) Act 1969 or any amending primary legislation applies<sup>(b)</sup>; and

2. (a) the minimum amount of cover provided by this policy is no less than £5,000,000<sup>(c)</sup>; or

(b) ~~the cover provided under this policy relates to claims in excess of £~~

~~but not exceeding £~~

Signed on behalf of those Lloyd's Underwriters subscribing to the above policy (Authorised Insurers)



- (a) Where the employer is a company to which regulation 3(2) of the Regulations applies, the certificate shall state in a prominent place, either that the policy covers the holding company and all its subsidiaries, or that the policy covers the holding company and all its subsidiaries except any specifically excluded by name, or that the policy covers the holding company and only the named subsidiaries.
- (b) Specify applicable law as provided for in regulation 4(6) of the Regulations.
- (c) See regulation 3(1) of the Regulations and delete whichever of paragraphs 2(a) or 2(b) does not apply. Where 2(b) is applicable, specify the amount of cover provided by the relevant policy.

Note: The information below this line does not form part of the statutory certificate. Those Underwriters at Lloyd's on whose behalf this certificate is issued require the following information to be entered by the issuing intermediary:

Name and address of issuing intermediary:

**MILES SMITH LIMITED**  
**ONE AMERICA SQUARE**  
**17 CROSSWALL**  
**LONDON EC3N 2LB**

Issuing intermediary's reference:  
(if different from the Policy Number stated above)

28/1/99  
NMA2838

<sup>i</sup> HSE are the enforcing authority for: the outside of buildings, factories and factory offices, civil engineering, construction\* and demolition sites, hospitals, research and development establishments, local Government services and educational establishments, fairgrounds, radio, television and film broadcasting, sea going ships, docks, transport undertakings, railways, domestic premises, quarries, farms (and associated activities), horticultural premises and forestry's (\*including premises which fall to Local Authorities).

<sup>ii</sup> District Councils are the enforcing authority for: shops, offices, separate catering services, launderettes, sport, entertainment and recreational activities, exhibitions, church or religious meetings, hotels, camping and caravan sites, wholesale and retail storage.

<sup>iii</sup> Estimated fibre levels for removal (based on personal monitoring data up to 07/06/16, for: Spray Coating 0.018; AIB panels 0.027; AIB debris 0.011; Insulation 0.075; Insulation residue 0.012; Cement panels 0.018; Cement debris 0.009; Artex 0.038; Vinyl floor tiles 0.011; Paper 0.018; Soil contamination 0.017 f/ml.

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