



Application for Demolition License – Shire of Coolgardie Health Services

THIS INFORMATION MUST BE COMPLETED IF APPLYING FOR DEMOLITION APPROVAL WHERE ASBESTOS IS PRESENT

This form has been created with the aim of correctly identifying and managing asbestos as part of a building demolition. The work practices and precautions to be adopted in the safe removal of asbestos-based products vary with the type of product, amount of asbestos, its condition and location. The following information is aimed at assisting the applicant manage any asbestos on the property safely and allows Shire’s Environmental Health Officers to assess how the applicant intends to handle the asbestos during demolition.

ASSESSMENT OF BUILDINGS TO BE DEMOLISHED

Name and phone number of person responsible for the assessment:

I confirm that an assessment has been conducted of all buildings that are proposed to be demolished on the site in relation to the presence and condition of asbestos at:

and provide the following information:

Type of asbestos on the property to be removed:

	Yes	No	Quantity (kg)	Condition (Good/Fair/Poor)
Insulation . .	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Flat or corrugated sheeting . .	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Wall cladding . .	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Roof Shingles . .	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Roof Sheeting . .	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Imitation brick cladding . .	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Plaster patching compounds . .	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Textured Paint . .	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Vinyl floor tiles . .	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Floor coverings (backings) . .	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other				

INFORMATION OF RESPONSIBLE PERSONS

1. Company carrying out demolition _____
2. ACN/ABN _____
3. Name of Manager/Owner of company undertaking the demolition of building(s) _____
Phone Number _____
4. Please attach to this document a copy of your Worksafe Licence

(Please note: under the Occupational Safety and Health Regulations 1996 the removal of any friable asbestos or greater than 10 square metres of non-friable asbestos requires an individual or business to have a license issued by WorkSafe)



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PROCEDURE FOR HANDLING / MANAGEMENT OF ASBESTOS

I confirm that the following procedure will be undertaken for the handling and management of asbestos:

Tick
Yes No

The Shire of Coolgardie’s Health Department will be notified twenty four (24) hours prior to demolition of buildings containing asbestos on 9080 2111		
All asbestos will be wet down with water or a PVA solution and will be kept wet during removal		
No power tools will be used on asbestos with the exception of removing screws		
High-pressure hoses or sprays will not be used on any asbestos		
All asbestos sheets will be removed with minimal breakage and will be lowered to the ground, not dropped		
The removed asbestos will immediately be kept on polythene sheeting, wrapped and sealed into appropriate bundles for disposal		
Prior to removing asbestos cement building products the surrounding area will have signs and barriers erected to warn of the danger and prevent unauthorised persons from entering		
Asbestos will not be left about the site where it can be further broken or crushed by machinery		
Any asbestos cement residue remaining in the roof space or removal area will be cleaned up using an approved vacuum cleaner		
The used disposable coveralls and masks will be placed in bags for removal with asbestos waste		
All waste containing asbestos will be labelled or marked with the words “CAUTION ASBESTOS” (50MM HIGH LETTERS) and disposed of at an approved site in accordance with the Health (Asbestos) Regulations 1992		

Should you answer NO to any of the above, you must discuss with Shire’s Environmental Health Officer on 9080 2111

PROCEDURE FOR DISPOSAL OF ASBESTOS

I confirm the following:

- All asbestos will be transported by _____.
- The asbestos will be transported in the following manner _____

3. The asbestos will be disposed of at _____

4. A copy of the disposal receipt will be forwarded to the City of Stirling Health Department within twenty four (24) hours of disposal. (Fax 9345 8822 – Attention Health Department) (Tel 9345 8444).

I have read and understand the requirements for safe handling, removal and disposal of asbestos as set out in:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. The Occupational Safety and Health Act 1984 . . | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Occupational Safety and Health Regulations 1996 . . | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The Health (Asbestos) Regulations 1992 . . | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. National Code of Practice for the Safe Removal of asbestos (National . . | <input type="checkbox"/> | <input type="checkbox"/> |

Occupational Health and Safety Commission)

Note - The above documents can be viewed online free of charge, or may be viewed by arrangement at the Shire’s offices.

I understand the requirements placed upon me for the safe removal of asbestos by the relevant legislation and understand that I must take all reasonable measures to ensure that asbestos is handled safely. I understand that I will be committing an offence under the Health (Asbestos) Regulations 1992 if I do not take all reasonable measures when handling asbestos.

Name (PRINT IN CAPITALS): _____