



LEAD PROFESSIONAL SERVICE CONTRACTOR (PSC) or FM SERVICE CONTRACTOR TO COMPLETE

ASSET:		ASSET NO:	
ASSET ADDRESS:			
FAMIS/MACS JOB NUMBER:		DATE:	

AGENCY CONTACTS

AGENCY CORPORATE	SITE MANAGER or DUTY HOLDER
NAME:	NAME:
PHONE:	PHONE:
EMAIL:	EMAIL:

PROJECT NAME AND DETAILED SCOPE OF WORKS – Attach additional documents if required.

CONTRACTOR to complete this section in the presence of the Site manager/contact and email to Facilities Manager or Lead PSC

Action	<input type="checkbox"/>	Date	Time	Comments
*Asbestos project removal date				
*Time of project commencement				
*Anticipated project completion date				
*Work to be undertaken by DIT Pre-Qualified & Licensed Asbestos removalist (insert sub contractor name in comments)				
Atmospheric testing during works, on completion & reporting will be undertaken by: (Insert name in comments)				
*Job Risk Safety Analysis carried out (copies to site & PSC/FM)				
*Work Method Statement carried out (copies to site & PSC/FM)				
*Scope of Works agreed, include site plan detailing amount of asbestos containing material (ACM) removed and location of each removal (e.g. building, room number etc) (Copies to site and Lead PSC / FM)				
*A/Hours contacts agreed (Name & Number in comments)				
*Confirmation of people free site by Site Manager (Department for Education Policy requires no site occupants to be on site during asbestos removal)				
*Internal access required (Alarm codes & Keys)				
*SafeWork SA Approval documentation (copies to Facility Manager or Lead PSC)				

PROJECT CONTACTS AND AGREEMENT

	Removalist / Head Contractor	Site Manager / Contact	Lead PSC or Facility Manager Representative	Corporate Agency Representative
Name:				
Phone:				
Email:				
Signed:				
Title:				
Date:				