# Asbestos clearance certificate – template

Clearance inspections must be conducted for **all licensed asbestos removal work** and a clearance certificate in writing must be issued before the area can be reoccupied or returned to normal use. This clearance certificate template can be used for Class B non-friable asbestos removal.

This form includes Section A that is to be used where the class exemption for clearances in regional areas is used. *Note: The* [*exemption*](https://www.commerce.wa.gov.au/worksafe/class-exemptions-1) *requires specific conditions to be met.*

## Section A – For use in regional areas where Class Exemption 1 of 2024 is being used

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Contact made with an ICP within a 200 km radius from the removal area? Provide details of the ICPs   |  |  |  |  | | --- | --- | --- | --- | | Contact details | Click or tap here to enter text. | Location | Click or tap here to enter text. | | Contact details | Click or tap here to enter text. | Location | Click or tap here to enter text. | | Contact details | Click or tap here to enter text. | Location | Click or tap here to enter text. | |  |  |
| The licenced asbestos removalist conducting the clearance is the same as the removalist that conducted the asbestos removal work? |  |  |
| Was a visual inspection with the person who commissioned the asbestos removal work conducted?  If no, state reason(s): |  |  |
| Photos of the work area before and after asbestos removal are attached (the conditions of the class exemption require that photos **must** be taken) |  |  |

The clearance certificate and photographs must be retained by the person who conducted the clearance for two years after the conclusion of the removal work, for the purpose of licence compliance assessments conducted by WorkSafe.

## Section B — Clearance inspection details

|  |  |
| --- | --- |
|  | **Details** |
| **Client details** | |
| Name of client | Click or tap here to enter text. |
| Client contact details | Click or tap here to enter text. |
| Removal work details | Click or tap here to enter text. |
| Date of removal work | Click or tap here to enter text. |
| Site address where removal work is being carried out | Click or tap here to enter text. |
| Details of the specific asbestos removal work area(s) | Click or tap here to enter text. |
| Name of licensed asbestos removalist | Click or tap here to enter text. |
| Name and contact details of licensed asbestos removalist supervisor (if different to removalist) | Click or tap here to enter text. |
| **Inspection details** | |
| Date of clearance inspection | Click or tap here to enter text. |
| Time of clearance inspection | Click or tap here to enter text. |
| Date and time of clearance certificate issue | Click or tap here to enter text. |

## Section C – Asbestos removal work paperwork

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Have you sighted and checked the licence of the removalist? |  |  |
| Do you have a copy of the asbestos removal control plan? |  |  |
| Do you have a copy of the notification form? |  |  |
| Is the removal work (e.g. use of enclosures, decontamination facilities, waste facilities) consistent with the control plan and the notification form? |  |  |

## Section D – Asbestos removal work area

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **1. Visual inspection** |  |  |
| Inspection of the specific area detailed in Section B found no visible asbestos remaining as a result of the asbestos removal work carried out. |  |  |
| Is air monitoring required? |  |  |
| Is the removal work (e.g. use of enclosures, decontamination facilities, waste facilities) consistent with the control plan and the notification form? |  |  |
| Can the area be reoccupied? |  |  |
| Has additional information been attached? (e.g. photos, drawings, plans) |  |  |
| **2. Air monitoring** | | |
| Air monitoring was carried out as part of the clearance inspection. The result was below 0.01 fibres/mL. |  |  |
| Has the air-monitoring sample been analysed by a NATA-accredited laboratory or a laboratory approved by the WHS regulator? |  |  |
| Is the air-monitoring report attached? |  |  |
| Can the area be reoccupied? |  |  |

## Section E — Clearance declaration

I declare that:

* the former enclosure, asbestos removal work area and the surrounding area are free from any visible asbestos
* the transit route and waste routes are free from any asbestos
* all asbestos in the scope of the removal work has been removed and any known asbestos is intact.

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of licensed asbestos assessor / competent person |  | Click or tap here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Assessor licence number (if applicable) |
| Click or tap here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of licensed asbestos assessor / competent person |  |  |