

Appendix V – Asbestos Register

GENERAL

Conducted by an approved trained person

Name :

Congregation:

Address:

DATE OF IDENTIFICATION	ASBESTOS CONTAINING MATERIAL <i>eg Asbestos cement sheet, glue, floor tiles etc</i>	SPECIFIC LOCATION <i>Electrical Switch Board, Roof Plant Room</i>	TYPE OF ASBESTOS.	ACTIVITIES THAT MAY DISTURB ASBESTOS? <i>Drilling holes in Sheet</i>	CONDITION LIKELY TO DETERIORATE?	RISK CONTROLS REQUIRED <i>New switchboard for new circuits, no new circuits in asbestos board</i>	COMMENTS
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Friable Non Friable	<input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Friable Non Friable	<input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Friable Non Friable	<input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Friable Non Friable	<input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Friable Non Friable	<input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Friable Non Friable	<input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Friable Non Friable	<input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Friable Non Friable	<input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Friable Non Friable	<input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Friable Non Friable	<input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		