This permit is required in an area or location that has been contaminated with asbestos. This permit **MUST** be available at the site while work is in progress and returned to the Property and Facilities Division Health and Safety Coordinator (HSC) once complete.

1. Start date and time and planned completion date and time.

2. Name of the person that the permit is issued to:

3. Department / Organisation:

4. Contact Telephone Number:

5. Location of restricted space *(Bldg Name, Bldg No.)*:

6. Provide details of the asbestos hazard in the space to be accessed.

7. Provide details of the work to be performed in the restricted space.

8. Provide details of notification to the occupants of the building or location of the restricted area.
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<td>9. Provide details of PPE and RPE to be used in the restricted space. Include details of personal decontamination and disposal of equipment.</td>
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| 10. Provide details of air monitoring provided during access to the area. If no air monitoring is to be provided please detail the justification. |   |

| 11. Provide emergency procedures. How will operator be rescued in a medical emergency? |   |

☐ Permission granted to enter restricted space by OHS Division or P&F Health & Safety Coordinator

Name: ____________________________

Signature: ________________________ Date: ________________