



Asbestos Register

Asbestos Register

- ❖ This register is to be used to detail any asbestos in the workplace.
- ❖ Review and update this register whenever a new process or procedure is implemented.

Workplace address:	Name of a competent person:
---------------------------	------------------------------------

Has asbestos been previously, or currently identified on-site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is asbestos suspected to be on site but not yet unidentified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has all identified asbestos been removed from the site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
--	---	---	---	---	---	------------------------------

Date asbestos identified or assumed to be in the workplace	Type of material (identified/assumed)	Friable or non-friable?	Condition of asbestos	Specific location	Is this an easily inaccessible area?
<i>Examples only 4/2/2019</i>	<i>Pipe insulation (assumed)</i>	<i>Friable</i>	<i>Cracked at bends in the pipe and where the pipe enters the wall</i>	<i>Plant room 12A: Water pipe at rear of the boiler</i>	<i>No. Key entry accessed by maintenance staff</i>
<i>Examples only 8/3/2019</i>	<i>Cement flue (identified)</i>	<i>Non-friable</i>	<i>Good condition, painted</i>	<i>Plant room 12A: above the boiler</i>	<i>No. Key entry accessed by maintenance staff</i>