

# NON-FRIABLE ASBESTOS CLEARANCE CERTIFICATE - NO AIR MONITORING

## SECTION 1. CLEARANCE INSPECTION DETAILS

### SECTION 1.1 CLIENT DETAILS

Name of client

Details of the specific asbestos removal work area(s)

Client contact details

Name of licensed asbestos removalist and licence number

### SECTION 1.2 REMOVAL WORK DETAILS

Date removal work carried out (DD/MM/YYYY)

Name and contact details of licensed asbestos removalist supervisor (if different to removalist)

### SITE ADDRESS WHERE REMOVAL WORK WAS CARRIED OUT

Unit number/Street number/Property number  
(include Lot or DP number if applicable)

### SECTION 1.3 INSPECTION DETAILS

Date of clearance inspection (DD/MM/YYYY)

Street name

Time of clearance inspection (HH:MM)

Suburb

State

Postcode

## SECTION 2. ASBESTOS REMOVAL WORK AREA

### SECTION 2.1 VISUAL INSPECTION

Inspection of the specific area detailed in section 1 found no visible asbestos remaining as a result of the asbestos removal work carried out.

Yes No

Can the area be reoccupied?

Yes No

Has additional information been attached? (for example photos, drawings, plans)

Yes No

### SECTION 3. CLEARANCE DECLARATION

I declare that:

- the 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.

Name

Qualifications and experience

ABN

Contact number

Signature

Date (DD/MM/YYYY)