

NON-FRIABLE ASBESTOS CLEARANCE CERTIFICATE – NO AIR MONITORING

SECTION 1. CLEARANCE INSPECTION DETAILS

SECTION 1.1 CLIENT DETAILS

Details of the specific asbestos removal work area(s)

Name of client

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)