**STANDARD OPERATING**

**PROCEDURES :**

**SOP 8 :-**

**STATEMENT OF COMPLETION / CLEANLINESS AFTER NON-LICENSED ASBESTOS WORKS**

* After removing any non-licensed asbestos material (eg. textured coating), you need to let the client know the premises are safe to use again.
* The following form should be completed and returned to the office (a copy can be given to the client, premises owner or occupier if requested).
* For accuracy all fields should be completed.
* This form will be held on record and used to update the site asbestos management plan.
* Use one column per item / material. If there are more than 3 items you will need to use additional forms.
* Before you complete this form you need to be sure that the non-licensed asbestos material has been removed as agreed, and all debris cleaned up. If any materials remain these need to be recorded.
* If materials have been encapsulated you need to comment on their condition, surface treatment and whether warning labels have been applied.
* The form should be completed using the following references:
  + **Location –** Describe exact location of works listing rooms if applicable and size where relevant
  + **Description of work -** e.g. removal/ encapsulation/ repair/ encasement/ isolate, etc.
  + **Type of Material(s) affected -** e.g. AIB/ Cement/ Textured Coating/ thermoplastic floor tiles, etc.
  + **Condition of Material after works (must be one of the following) -** No damage / low damage / medium damage / high damage / removed
  + **Surface Covering after works -** Sealed (e.g. with Paint/ET150 insulation coating) / unsealed / encapsulated with plaster / over boarded / removed / other – specify:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Asbestos – Statement of Completion / Cleanliness (Non-licensed)**  **Completed form to be returned to Medway Insulations Ltd. If requested a copy can be given to the Premises Manager. The form updates the asbestos management plan / register. Include copy of consignment note if available.** | | | | | | | [Image result for medway insulations logo](http://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwiKgMGCgLjUAhUK6RQKHU6ICfgQjRwIBw&url=http://www.medwayinsulations.com/&psig=AFQjCNFGLZPV2SZqBuiXKoDfCw3B7YQMrA&ust=1497346363618173) | |
| **Site Address** | High Holborn London | **Company Name & Address** | | **Medway Insulations Ltd**  Unit 7, Viewpoint  Boxley Road  Penenden Heath  ME14 2DZ | | | | |
| **Date Work done** | **09/11/17** | **Operatives Names (Print)** | | **P ward/l tress** | | | | |
| **Job Reference Number (if applicable)** |  |
| **IMPORTANT: USE ONE COLUMN PER ITEM, IF NEEDED USE ADDITIONAL FORM** | | | | | | | | |
| **Location** | **1. Basement** | **2.** | | **3.** | | | | |
| **Description of work** | **Removal of bitumen from floor** |  | |  | | | | |
| **Type of Material(s) affected** | Bitumen |  | |  | | | | |
| **Sample Numbers(s) if applicable** |  |  | |  | | | | |
| **Condition of Material after works** | **Rough concrete** |  | |  | | | | |
| **Surface Treatment / Covering after works** | **Unsealed** |  | |  | | | | |
| **Comments on level of Completion**  **Use an “X” to mark the column. All fields are to be completed.** |  | | | **Yes** | | **No** | | **N/A** |
| **All materials in scope removed** | | | X | |  | |  |
| **Any Material remaining left in safe condition and described above** | | | X | |  | |  |
| **All debris / loose material removed** | | | X | |  | |  |
| **All material in scope encapsulated** | | |  | | X | |  |
| **Remaining Items labelled with appropriate warning sticker** | | |  | | X | |  |
| **Any other Comments** | Bitumen was removed has far as reasonable practicable there is water leaking from mains water pipe which is making the floor wet in certain areas | | | | | | | |
| **Signed by Supervisor/Foreman** | I have checked that the works described above are complete and the area cleaned thoroughly. I have inspected the area to make sure that there were no visible traces of dust or debris. I am satisfied that the area can be returned to normal use. | | Date: | | 09/11/17 | | | |
| Named6: | | P ward | | | |
| Signed:  Site manager | |  | | | |

