South Tyneside Council

Section 1

DUTY HOLDER RESPONSIBILITES

Used as section 1 of the Asbestos Management Plan

CATAGORY:

AMP means Asbestos Management Plan.

Identified responsibility	**Duty Holder responsible for the provision**	**Notes**
Provision of the initial non-intrusive asbestos 'management' survey		
Issuing of the AMP documents		
Periodic Inspection of the asbestos or presumed asbestos		
Review of AMP arrangements		
Updating of AMP records		
Site control / AMP site ownership		
Contractor control		
Project control		
Assessment for additional refurbishment asbestos surveys		
Asbestos Abatement and asbestos removal control		
Staff training		
Provision of information		

Extract from;
Control of Asbestos Regulations CAR 2012. Regulation 4 'Duty to manage asbestos in non-domestic premises'.

(1) In this regulation "the duty holder" means –

(a) every person who has, by virtue of a contract or tenancy, an obligation of any extent in relation to the maintenance or repair of non-domestic premises or any means of access thereto or egress therefrom; or

(b) in relation to any part of non-domestic premises where there is no such contract or tenancy, every person who has, to any extent, control of that part of those non-domestic premises or any means of access thereto or egress therefrom,

and where there is more than one such duty holder, the relative contribution to be made by each such person in complying with the requirements of this regulation will be determined by the nature and extent of the maintenance and repair obligation owed by that person.

Note: This section is to be audited as part of the AMP review.

South Tyneside Council

CONTACTS

Property Name	
Property Address	
Property Tel: Number	

Organisation

Position	Name	Phone	Email
STC Asset Management. Asbestos Abatement Officer	Michael Hicks	0191 4247685 07557203980	Michael.hicks@ southtyneside.gov.uk
Local Duty Holder 1 (lead)			
Local Duty Holder 2			
Other			
Other			
Other			
Notes on Local Duty Holder management arrangements:			

Note: This section is to be audited as part of the AMP review.

South Tyneside Council

Asbestos Management Plan (AMP) document

DUTY HOLDER ACCEPTANCE

By signing this document I understand and accept the apportioned DUTY HOLDER responsibilities in relation to CAR 2012 (Control of Asbestos Regulations) Regulation 4 'The Duty to Manage' and as described within Section 1 of the property AMP.
All Duty Holders should also be familiar with the STC Corporate Guidance as detailed in Section 7.

PROPERTY NAME: PROPERTY ADDRESS:		
South Tyneside Council Asset Management representative	Name: Position:	Sign: Date:
Property Local Duty Holder 1 (Lead)	Name: Position:	Sign: Date:
Property Local Duty Holder 2	Name: Position:	Sign: Date:
Other:	Name: Position:	Sign: Date:
Other:	Name: Position:	Sign: Date:
Other:	Name: Position:	Sign: Date:

Note: This section is to be audited as part of the AMP review.

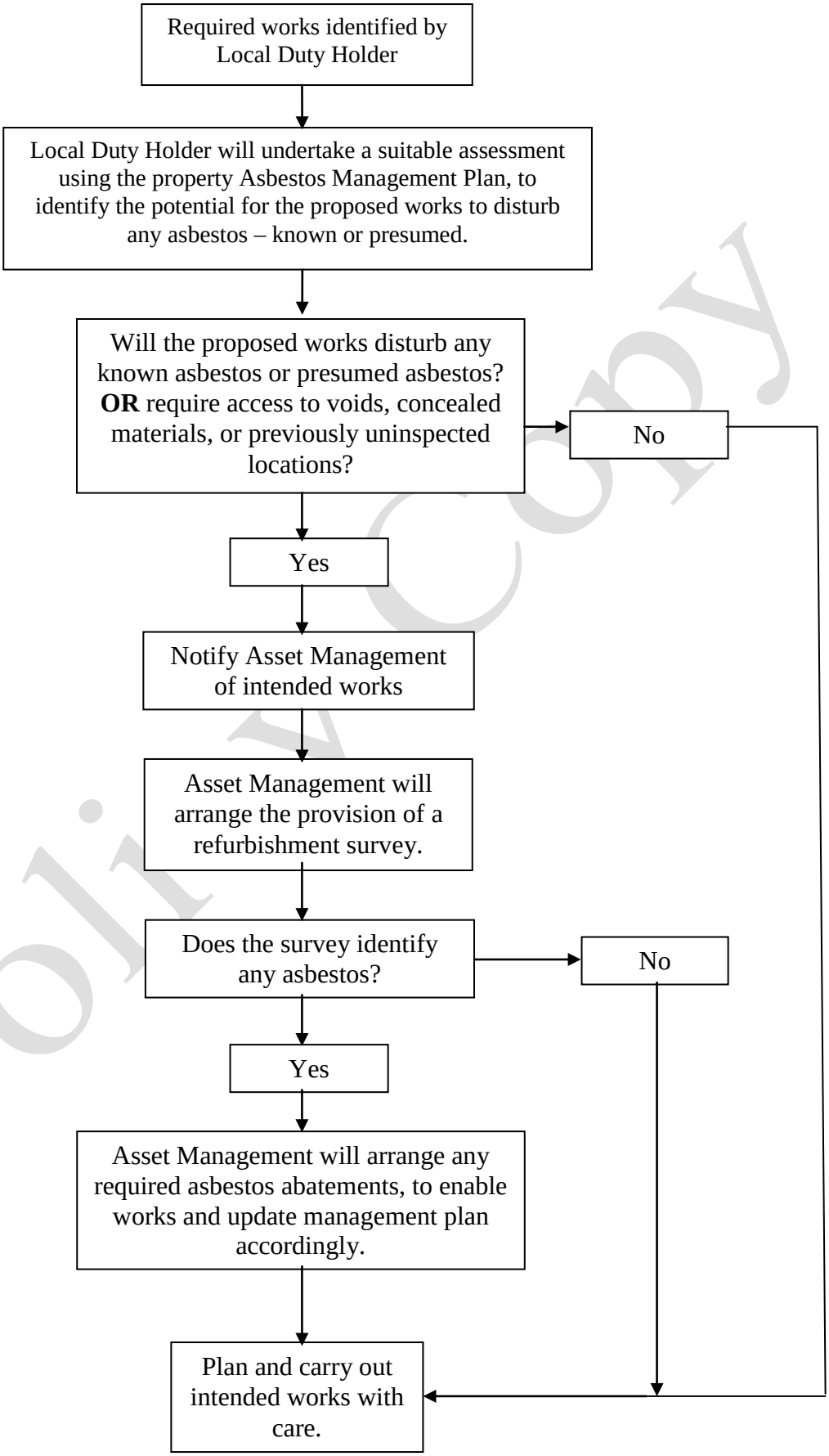
Appendix D Asbestos Assessment (Material Assessment Algorythm) Table 1 From HSG 227 Appendix 2

Sample Variable	Score	Examples of Scores
Product Type (or Debris form Product)	1	Asbestos reinforced composites (plastics, resins, mastics, roofing felts, vinyl floor tiles, semi-rigid paints or decorative finishes, asbestos cement etc);
	2	Asbestos insulating board, mill boards, other low density insulation boards, asbestos textiles, gaskets, ropes and woven textiles, asbestos paper and felt;
	3	Thermal insulation (eg pipe and boiler lagging), sprayed asbestos, loose asbestos, asbestos mattresses and packing.
Extent of Damage or deterioration.	0	Good condition: no visible damage Low damage: a few scratches or surface marks; broken edges on boards, tiles etc;
	1	Medium damage: significant breakage of materials or several small areas where material has been damaged revealing loose asbestos fibres;
	2	High damage or delamination of materials, sprays and thermal insulation;
	3	Visible asbestos debris.
Surface treatment	0	Composite materials containing asbestos: reinforced plastics, resins, vinyl tiles;
	1	Enclosed sprays and lagging, asbestos insulating board (with exposed face painted or encapsulated), asbestos cement sheets etc;
	2	Unsealed asbestos insulating board, or encapsulated lagging and sprays;
	3	Unsealed laggings and sprays.
Asbestos Type	1	Chrysotile
	2	Amphibole asbestos excluding Crocidolite
	3	Crocidolite
Total Score		

Appendix D Asbestos Assessment (Priority Assessment Algorythm) Table 2
From HSG 227 Appendix 3

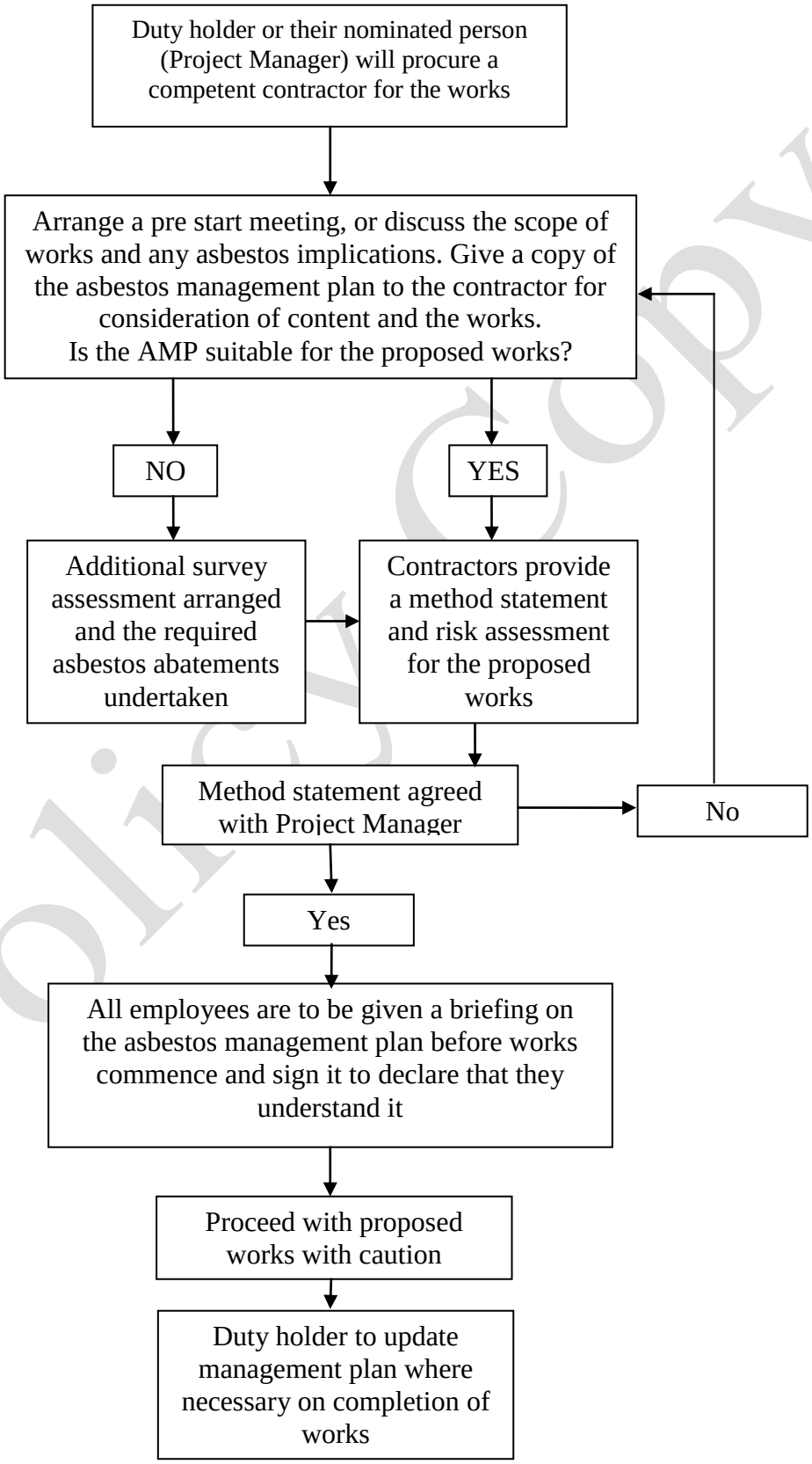
Assessment Factor	Score	Examples of Scores Variables
Normal Occupant Activities	0 1 2 3	Rare disturbance activity (eg little used store room); Low disturbance activities (eg office type activity); Periodic disturbance (eg industrial or vehicular activity which may contact ACMs); High levels of disturbance, (eg fire door with asbestos insulating board sheet in constant use);
Secondary activity area	As Above	As above
Likelihood of Disturbance		
Location	**0** **1** **2** **3**	Outdoors Large rooms or well-ventilated areas Rooms up to 100 m2 Confined spaces
Accessibility	**0** **1** **2** **3**	Usually inaccessible or unlikely to be disturbed Occasionally likely to be disturbed Easily disturbed Routinely disturbed
Extent/Amount	**0** **1** **2** **3**	Small amounts or items (eg strings, gaskets) I 10 m2 o□I 10 m pipe run. >10 m2 to □50 m2 or >10 m to □50 m pipe run >50 m2 or >50 m pipe run
Human Exposure Potential		
Number of occupants	**0** **1** **2** **3**	None 1 to 3 4 to 10 >10
Frequency of use of area	**0** **1** **2** **3**	Infrequent Monthly Weekly Daily
Average time area is in use	**0** **1** **2** **3**	<1 hour >1 to <3 hours >3 to <6 hours >6 hours
Maintenance Activities		
Type of maintenance activity	**0** **1** **2** **3**	Minor disturbance (eg possibility of contact when gaining access) Low disturbance (eg changing light bulbs in asbestos insulating board ceiling) Medium disturbance (eg lifting one or two asbestos insulating board ceiling tiles to access a valve) High levels of disturbance (eg removing a number of asbestos insulating board ceiling tiles to replace a valve or for recabling)
Frequency of maintenance activity	**0** **1** **2** **3**	ACM unlikely to be disturbed for maintenance I 1 per year >1 per year >1 per month

Appendix E Managing Repair Works in STC Managed Buildings Containing ACMs

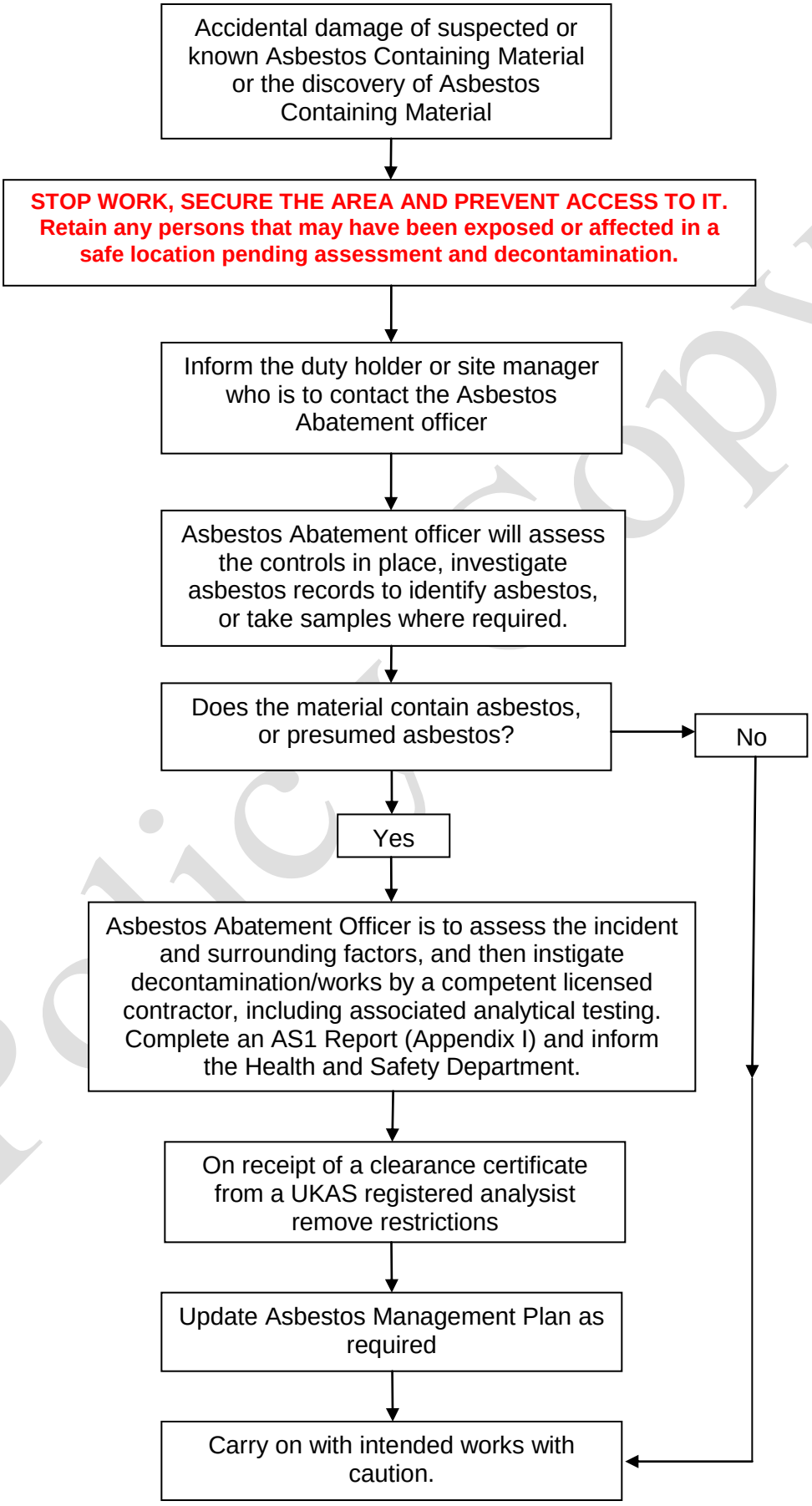


Appendix F Managing Contractors in STC Managed Buildings Containing ACMs

Note: Before any repair, servicing or maintenance work is carried out on any building containing asbestos the procedure at Appendix E must have been followed:



Appendix G Asbestos Incident/Emergency Procedure – STC Managed Buildings



Appendix H Labelling Requirements

The following standard will be used for marking identified and presumed asbestos locations.

<table>
<tr><td colspan="2">Examples of acceptable asbestos stickers/ labels to be used</td></tr>
<tr><td rowspan="2">The following examples of labels/ stickers are suitable for use within the STC premises as part of the management control procedures outlined within this Asbestos Management Plan.

These examples are not extensive and other appropriate stickers/ labels may be used.</td><td>Asbestos ‘tombstone’ sticker –
normal industry standard label used</td></tr>
<tr><td> 
</td></tr>
<tr><td>Presumed asbestos sticker –
used when similar materials have been proven to contain ACMs</td><td>Encapsulated asbestos sticker –
used when ACMs have been encapsulated</td></tr>
<tr><td> 
</td><td> 
</td></tr>
<tr><td>Asbestos sticker –
An alternative to the ‘tombstone’ sticker highlighted above</td><td>Warning sticker –
Can be used in communal areas where ACMs are present; may be used in place of other types specified above which may cause unnecessary concern</td></tr>
<tr><td> 
</td><td> 
</td></tr>
</table>

Appendix I Asbestos Incident Report AS1

SOUTH TYNSIDE METROPOLITAN BOROUGH COUNCIL
Asbestos Incident Report

Incident ref No

This section is to be completed by the person involved in the incident, complete all boxes

Part 1

Mr/Mrs/Ms_____ Surname _____ Christian Names _____

Address _____

D.O.B.

Occupation:	Payroll No:	Department: Section:

When and where did the incident occur (please complete all of the boxes below)

Date: Time: am/pm	Location: (be specific)

When and who did you report the incident to ? (Please complete all the boxes below).

Date reported ? / /	Time reported ? : am/pm	To whom reported ?

What type of work were you doing? (please give as much detail as possible of how asbestos exposure occurred)

_____
_____
_____
_____
_____

Were you wearing any protective equipment ? e.g. Dust mask, respiratatory equipment, overalls, protective gloves etc; (please list below).

_____

What information did you receive prior to commencement of the work regarding the presence of any asbestos in the work area? (please state below).

_____
_____
_____
_____

I hereby declare that the statements and particulars contained in my report (part 1) are true, to the best of my knowledge, and that no material information within my knowledge has been withheld.

Signature:	Date:

To be completed by the immediate manager or responsible person, of the employee involved in the incident (please complete all of the boxes below)

Do you agree with the details provided by the employee overleaf, if no please explain why not in the box provided below.

YES	NO

_____
_____

Have the materials in question ever been analysed for the presence of asbestos?

YES	NO

If yes please provide the details:

Name and address of analyser?	**When was the analysis done?** / /	**What was the result of the analysis?**

If the materials in question have not been analysed please arrange for the materials to be immediately sampled and complete the boxes below once the results of analysis have been returned.

Location of and type of material sent for analysis?	**When was the sample taken for analysis and by whom**	**Results of analysis**
Location: Type of material:	Date: Name:	Negative / Positive Percentage: (if any) Type: (if any)

Result of Air Test: Positive/Negative (delete as necessary)	Date of Air Test: Time: am/pm

Action taken following the incident:
_____
_____
_____
_____

Name:	Designation:

Signature:	Date:

This section is to be completed by the safety section (if applicable).

_____
_____
_____

Signature:	Date:

Administration requirements

Senior manager: Asbestos Report ☐ Person involved: Asbestos Report ☐ Safety Advisor ☐
Insurance: Asbestos Report ☐ Trade Union Representative: Asbestos Report ☐

APPENDIX J

South Tyneside Council

CONTRACTORS SIGN-OFF SHEET

PROPERTY MAINTENANCE/WORKS SIGN-OFF SHEET

CONTRACTORS UNDERTAKING ANY WORK WITHIN THE BUILDING MUST READ THE PROPERTY ASBESTOS MANAGEMENT PLAN AND COMPLETE THIS FORM		
Date	Company Name	I confirm that I have read the property Asbestos Management Plan and we will not interfere with or damage any asbestos containing material**: SIGNED:**