

Equipment for Asbestos-Removal Work

This form must be completed and submitted as supporting document for the application for “Approved Asbestos-Removal Contractor”.

Please tick (√) the type of asbestos involved in the removal work to be carried out as an AARC:

() non-friable ACMs

() friable ACMs

	Equipment	Description	Please circle	
			To be provided for non-friable removal	To be provided for friable removal
A	Negative Pressure unit	Brand/Model:	NA	YES / NO
B	Industrial Vacuum Cleaner fitted with HEPA Filter	Brand/Model:	YES / NO	YES / NO
C	Decontamination Facilities			
	○ Modular decon unit	Brand/Model:	YES / NO	YES / NO
	○ Self-constructed decon unit	Materials:	YES / NO	YES / NO
	○ Air extraction unit for ‘Dirty’ compartment	Brand/Model:	YES / NO	YES / NO
D	Water Filtration System with High Efficiency Filter (less than 5 microns)	Brand/Model:	YES / NO	YES / NO
E	Respiratory Protective Equipment			
	○ Half-faced respirators	Brand/Model:	YES / NO	YES / NO
	○ Full-faced respirators	Brand/Model:	NA	YES / NO

	Equipment	Description	Please circle	
			To be provided for non-friable removal	To be provided for friable removal
	○ PAPRs (Powered Air Purifying Respirator)	Brand/Model:	NA	YES / NO
	○ Filter cartridges	Brand/Model:	NA	YES / NO
F	Disposable Coveralls	Brand/Model:	YES / NO	YES / NO
G	Differential Pressure Monitor	Brand/Model:	NA	YES / NO
I	Smoke Machine	Brand/Model:	NA	YES / NO

(Specifications and photographs of the equipment to be attached)