

Appendix 8 - Authorisation To Proceed

Appoint A Maintenation 10 1100004
Part 1- Proposed work
Supervising Officer – DC Number - Location – Hospital / Block / Floor / Room Number Work to be undertaken-
MICAD asbestos register checked – Yes / No
2. Will the work involve structural alteration of the building fabric, require intrusive work or require the removal or alteration of services? Yes / No
3. Asbestos present? Yes / No
SignedDate
If you answered Yes to Question 2 send Form to the relevant Asbestos Management Team to complete Part 3 . If you answered Yes to Question 3 move onto Part 2 .
Part 2 – Asbestos Information
Asbestos Containing Materials (ACM's) have been identified on MICAD within the proposed work area. Please list below:-
 Are the ACM's present likely to be disturbed by the proposed work? Yes / No
Are any of your proposed work areas currently Black (No Access or Unsurveyed) on the MICAD? Yes / No
If you answered No to ALL of the above questions then work can proceed. The asbestos information should be provided to contractors as part of completion of the JRF. Please sign below:-
Signed Date

If you answered Yes to either of these questions or are unsure then the ATP must be passed onto the relevant Asbestos Management Team to complete Part 3.



Part 3 – Asbestos Management Team

3.1 - Asbestos Information

- Is the asbestos information for the area sufficient for the proposed work?
 Yes / No
- 2. Can the current information be supplemented by an individual inspection / bulk sample? **Yes / No**
- 3. Is an R&D survey required? Yes / No

3.2 - Asbestos Remediation

- Is the work an NLW and can be done using Category B trained personnel?
 Yes / No
- 2. Is the work a Notifiable Non Licensed Work and could be done by a Licensed Contractor without notification? **Yes / No**
- 3. Is the product(s) to be removed Medium or High risk and will involve notification? Yes / No

Comments:-

Signed Date