

Facilities Change Document

The completion of this document and receipt of associated documentation at the close-out of construction-related works assists the Department to maintain the accuracy of its asbestos register. This document must be completed by a service provider if any of the following have occurred during the works:

1. asbestos removal
2. asbestos sampling
3. unexpected disturbance of assumed or confirmed ACM that was not required to be referred to QBuild for incident response, i.e. that did not affect or potentially affect the safety of the Facility community
4. changes that affect the original floor plan of an area (for example, removal of a wall between two rooms)
5. the discovery of asbestos in soils

The completed document must be provided to the person responsible for the service provider's contract for referral to the QBuild BEMIR Team and Officer in Charge of the facility.

Details of person submitting the form:

Name: _____ Position: _____ Business Name: _____

Phone Number: _____ Email Address: _____ Date: ____ / ____ / ____

Relevant Work Area Access Permit number: _____

Uncontrolled copy. Refer to the Department of Education Policy and Procedure Register at <https://ppr.qed.qld.gov.au/pp/<insert-procedure-title>> to ensure you have the most current version of this document.

Category	Question														
A. Asbestos removal	A1: Was any ACM removed as part of the works (either planned or unplanned)?			Yes <input type="checkbox"/> No <input type="checkbox"/>											
	A2: If yes to question A1, did the work require a licensed asbestos removalist?			Yes <input type="checkbox"/> No <input type="checkbox"/>											
	A3: If yes to question A2, provide the following: <ul style="list-style-type: none"> a. Relevant ACMID number/s for the materials removed: _____ b. Receipt number for WHSQ notification of the removal works: _____ c. Clearance certificates (<i>attach documents</i>) 														
B. Asbestos sampling	B1: Was asbestos sampling done as part of the works (including for suspected ACM discovered in soil)?			Yes <input type="checkbox"/> No <input type="checkbox"/>											
	B2: If yes to B1, attach sample analysis certificates														
C. Unexpected disturbance of assumed or confirmed ACM	C1: Did any unexpected disturbance of assumed or confirmed asbestos occur during the works?			Yes <input type="checkbox"/> No <input type="checkbox"/>											
	C2: If yes, complete the following table for the relevant disturbed material:														
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">ACMID No. <small>(see asbestos register)</small></th> <th style="width: 35%;">Discription of disturbance</th> <th style="width: 15%;">Make-safe applied?</th> <th style="width: 35%;">Description of actions taken for reoccupation</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td style="text-align: center;"> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> </td> <td></td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td style="text-align: center;"> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> </td> <td></td> </tr> </tbody> </table>				ACMID No. <small>(see asbestos register)</small>	Discription of disturbance	Make-safe applied?	Description of actions taken for reoccupation			Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
ACMID No. <small>(see asbestos register)</small>	Discription of disturbance	Make-safe applied?	Description of actions taken for reoccupation												
		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>													
		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>													

			Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
D. Floor plan changes	D1: Did any of the work result in changes to the original floor plan (e.g., removed walls, installed walls etc.)? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	D2: If yes to D1, provide: a. A brief description of the changes: <div style="border: 1px solid black; height: 150px; width: 100%;"></div> b. Line drawing that illustrates changes (<i>attach document</i>)			
E. Asbestos in soil discoveries	E1: Was any suspected ACM discovered in soil as part of the works? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	E2: If yes to E1, describe: a. Location of the discovered suspected ACM <div style="border: 1px solid black; height: 80px; width: 100%;"></div>			

	<p>b. Course of action taken for ongoing management of the discovered material</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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Department of Education office use only:

Details of Departmental reviewer

Name: _____ Position: _____ Business Unit: _____

Date: ___ / ___ / ___

All fields completed:

Yes No

Clearance certificates attached (refer Q A3):

Yes No Not applicable

Sample analysis certificates attached (refer Q B2):

Yes No Not applicable

Line drawing:

Yes No Not applicable

The person responsible for the service provider contract must ensure the following post works asbestos documents are provided to the QBuild BEMIR Team BEMIR@epw.qld.gov.au and the OIC (where the OIC is not the person responsible for the service provider contract).