

TO BE COMPLETED BY THE PERMIT ISSUER (PERSON AUTHORISING THE PERMIT)			
MEX Work Order No.			
Permit is valid from:		...../...../.....	To: ...../...../.....
Permit issued to:	Organisation/Company:		
	Contact name:		
	Telephone Number:		
Asbestos Licence No. (if applicable):			
Location of works (Campus/Building):			
			Initial
rounding work areas			
mission is given for the work to start, subject to the conditions hereon			

SECTION 2 - TO BE COMPLETED BY THE PERMIT REQUESTOR (PERSON CARRYING OUT THE WORK)	
Checklist & Confirmation	Initial
ops Register for the work area and surrounds	
ED rep and understand the scope of work to be performed	
Method Statement (SWMS) for the work ED will be notified	
exposure to airborne asbestos including respiratory protection (fit ste.	
ops removal contractor to clean any asbestos debris / hazards created due been adequately cleaned, as per the Code of Practice, and agree the	

Authorising Person: I have inspected the work area or all necessary clearance inspections have been performed as required by the JCU Asbestos Management Standard. The work has been completed and no visible dust or debris remains from the work.

SIGNATURE:	DATE:
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